Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15-2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR			A DATE OUDIA	ITTER		TA	Version 7/03
FEDERAL ASSISTANCE			2. DATE SUBM January 26	5, 2009		Applicant Ider	
1. TYPE OF SUBMISSION: Application	Pre-	application	3. DATE RECEI	VED BY STATE		State Applicat	ion Identifier
☑ Construction		onstruction	4. DATE RECEI	VED BY FEDERAL	AGENCY	Federal Identi	fier
Non-Construction	0.000	on-Construction		7070000			
5. APPLICANT INFORMATION Legal Name:				Overeniae	tional Unit	**************************************	
Service Control of Management of the Control of the	1	RECE	IVED	Departme	ntional Unit: ent:	2 2	
County of Modoc Organizational DUNS:				Division:	Public W	/orks	
07-611-8678		FEB 0	2 2009				
Address: Street:				involving		number of pe ation (give are	erson to be contacted on matters
202 W. 4th Street		STATE CLEAR	RING HOUSE	Prefix: Mr.		First Name: Richard	
City: Alturas	- X	A the River Annual Print of the Part of	TOTAL PARTY OF THE	Middle Na	ame	Richard	
County:				R. Last Nam	ne		
Modoć State:	Zip C	`ode		Hironymo Suffix:	us		
California	961	01					
Country: USA				Email: rhironym	ous@modoc	county.us	
6. EMPLOYER IDENTIFICATION	N NU	MBER (EIN):		Phone Nu	ımber (give a	rea code)	Fax Number (give area code)
9 4 - 6 0 0 0 5 2 2	1			530-233-6	6403		530-233-3132
8. TYPE OF APPLICATION:	-	9		7. TYPE	OF APPLICA	ANT: (See bac	k of form for Application Types)
If Revision, enter appropriate lett		Continuation	n 🔲 Revisio	B. Count	ty		
(See back of form for description	of lett	ers.)	processory.	Other (spe	ecify)		
Other (specify)					OF FEDERA	AL AGENCY: inistration	
10. CATALOG OF FEDERAL D	OOME	STIC ASSISTANC	E NUMBER:	11. DESC	RIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PR		T (Cities Counting	2 0 - 1 (Engir Slu Rese	neering Desig urry Seal Rur al Joints in F	gn Projects - Re nway, Taxiways Pavement	•
Town of Cedarville, Modoc Cou			, States, etc.).			ay, Taxiways, a Drains at Taxiv	and Apron vay and Runway Intersection
13. PROPOSED PROJECT	,	amorria				L DISTRICTS	· · · · · · · · · · · · · · · · · · ·
Start Date:		ding Date:		a. Applica	ant 02		b. Project 02
2009 15. ESTIMATED FUNDING:	20	09		16. IS AP		SUBJECT TO	REVIEW BY STATE EXECUTIVE
			00	ORDER 1	2372 PROC		N/APPLICATION WAS MADE
			673,550 ·	a. Yes.	AVAILAB	LE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant \$			18,611			S FOR REVIEV	
c. State \$			16,839		DATE: Ja	anuary 27, 2009	9
d. Local \$			0 ,	b. No.	PROGRA	M IS NOT COV	/ERED BY E. O. 12372
e. Other \$			0 .		OR PROC		T BEEN SELECTED BY STATE
f. Program Income \$			0 .	17. IS TH			NT ON ANY FEDERAL DEBT?
g. TOTAL \$			709,000	☐ Yes If	"Yes" attach	n an explanation	n. 🗵 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTH	ORIZED BY THE	GOVERNING BO				
a. Authorized Representative	First	Name			Middle	Name	
Prefix Mr.	Rich	ard				Tallio	
Last Name Hironymous					Suffix	nhana Number	(give eren code)
b. Title Director, Public Works Departm			, 1		(530	phone Number 0) 233-6403	(give area code)
d. Signature of Authorized Repre	senta	Sichs.	ed Hise	mymous		Signed	129/09
Previous Edition Usable Authorized for Local Reproduction	n	/	-/	0		/	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR			H I WHILE IN 194		1	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBN January 2			Applicant Ide	entifier
1. TYPE OF SUBMISSION:		3. DATE RECE	IVED BY	STATE	State Applic	ation Identifier
Application	Pre-application	4. DATE RECE	IVED BY	FEDERAL AGEI	NCY Federal Ider	ntifier
Construction	Construction					
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:				Organizational	Unit:	
County of Modoc				Department:	ublic Works	
Organizational DUNS: 07-611-8678				Division:		
Address:	And the second s	E II S MONEY PARTY	1			person to be contacted on matters
Street: 202 W. 4th Street	RECL	IVED			application (give a	rea code)
202 11. 411 011001				Prefix: Mr.	First Name: Richard	
City: Alturas	FEB 0 2	£ 2009		Middle Name R.		3 7 1 3 3 100 300
County: Modoc	STATE CLEAR	MOHOLE		Last Name Hironymous		
State:	Zip Code	ING HOUSE		Suffix:		
California Country:	96101	The second section of the second seco		Email:		
USA	(5/4)			rhironymous@i	modoccounty.us	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			Phone Number	(give area code)	Fax Number (give area code)
9 4 - 6 0 0 0 5 2 2				530-233-6403		530-233-3132
8. TYPE OF APPLICATION:	popular v			7. TYPE OF AP	PPLICANT: (See ba	ack of form for Application Types)
If Revision, enter appropriate lett		n 🔲 Revisi	ion	B. County		
(See back of form for description				Other (specify)		
Other (specify)	Ш				EDERAL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:			n Administration	LICANT'S PROJECT:
					cipal Airport, Modoc	
TITLE (Name of Program):		2 0 - 1	0 6	Engineering	g Design Projects	
Airport Improvement Program				Reconstruc	tion of Tie Down Ap	ron (141,000 sq. ft.)
12. AREAS AFFECTED BY PR	1.1000000000000000000000000000000000000	s, States, etc.):				
Town of Tulelake, Modoc Count	y, California			44 00110050	OLONIAL PROTEINT	0.05
13. PROPOSED PROJECT Start Date:	Ending Date:			a. Applicant	SIONAL DISTRICTS	b. Project
2009	2009			02		02
15. ESTIMATED FUNDING:				16. IS APPLICA ORDER 12372 I		O REVIEW BY STATE EXECUTIVE
a. Federal \$		1,280,600)	a Vas IZ TH	IS PREAPPLICATIO	DN/APPLICATION WAS MADE
b. Applicant \$		00)	_ AV	AILABLE TO THE S OCESS FOR REVIL	TATE EXECUTIVE ORDER 12372 EW ON
		35,385)			
c. State \$		32,015		DA	TE: January 27, 20	09
d. Local \$		0 .00)	b. No. 🔟 PR	OGRAM IS NOT CO	OVERED BY E. O. 12372
e. Other \$		0 .00	J		. PROGRAM HAS N R REVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$		0 .00)			ENT ON ANY FEDERAL DEBT?
g. TOTAL \$		1,348,000			attach an explanati	21 700 00 00
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING B				TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
a. Authorized Representative					A Dell'allies Mileraetes 20	
Prefix Mr.	First Name Richard				Middle Name	
Last Name Hironymous					Suffix	
b. Title Director of Public Works	-		1	O	c. Telephone Number (530) 233-6403	er (give area code)
d. Signature of Authorized Repre	sentative 7 . D	ed Hu	e ser i s	20000	e. Date Signed	1/27/09
Previous Edition Usable Authorized for Local Reproduction	1	in you	nory.	museur	/	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

FEDERAL ASSISTANCE	i		2. DATE SUBMITTED January 26, 2009		Applicant Ide	ntifier
1. TYPE OF SUBMISSION:			3. DATE RECEIVED I	400	State Applica	tion Identifier
Application	Pre-application		4. DATE RECEIVED I	BY FEDERAL AGENC	Y Federal Ident	ifier
Construction Non-Construction	☐ Construct				. Todorarraoni	
5. APPLICANT INFORMATION	- Non-Cons	truction				
Legal Name:				Organizational Un Department:	nit:	
County of Modoc	-	10		Publi	o Works	
Organizational DUNS: 07-611-8678				Division:		
Address: Street:			<u>-</u>	Name and telepho		erson to be contacted on matters
202 W. 4th Street		A STATE OF THE STATE OF THE STATE OF	The state of the s	Prefix:	First Name: Richard	
City: Alturas	F	REC	EIVED	Middle Name R.	Richard	
County: Modoc		rcp	0 2 2009	Last Name Hironymous		
State: California	Zip Code 96101	FED		Suffix:		
Country:	30101	ATE OIF	EARING HOUSE	Email:		
6. EMPLOYER IDENTIFICATIO			A second	rhironymous@mo		Fax Number (give area code)
94-6000522	_			530-233-6403	,	530-233-3132
8. TYPE OF APPLICATION:				7. TYPE OF APPL	ICANT: (See bad	ck of form for Application Types)
☑ Nev		ntinuatio	n Revision	B. County		
If Revision, enter appropriate lett (See back of form for description			П	Other (specify)		
Other (specify)			Lamed .	9. NAME OF FEDI Federal Aviation A		
10. CATALOG OF FEDERAL D	OMESTIC AS	SISTANC	E NUMBER:			ICANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Program			20-106	Tulelake Municipa Construction o		County, California Fence (16,150 ln. ft.)
12. AREAS AFFECTED BY PR		Counties	, States, etc.):			
Town of Tulelake, Modoc Count	y, California					
13. PROPOSED PROJECT	T- 11 - 5 -			14. CONGRESSIO	NAL DISTRICTS	
Start Date: 2009	Ending Date 2009	э:		a. Applicant 02		b. Project 02
15. ESTIMATED FUNDING:		***				REVIEW BY STATE EXECUTIVE
a. Federal \$			305 300	ORDER 12372 PRO	PREAPPLICATION	N/APPLICATION WAS MADE
b. Applicant \$			395,200	AVAIL	ABLE TO THE ST ESS FOR REVIE	ATE EXECUTIVE ONDER 12372
c. State \$			10,920	DATE	January 27, 200	q
		_	9,880		•	
d. Local \$			0 ,	D. NO.		VERED BY E. O. 12372
e. Other \$			0 .		ROGRAM HAS NO REVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$			0 .00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$			416,000	Yes If "Yes" att		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED	BY THE	GOVERNING BODY O			
a. Authorized Representative Prefix Mr.	First Name Richard		-	Mid	dle Name	
Last Name	Richard		71	Suf		
Hironymousb. Title			.	c. T	elephone Number	(give area code)
Director of Public Works d. Signature of Authorized Repre	sentative 7	. 1	1 11.	0. [(530) 233-6403 late Signed	
	Su	lass	Liony	nous		127/09
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APPLICATION FOR						Version 7/
FEDERAL ASSISTANCE		2. DATE SUBMITTED	1/12/09	Applic	ant Identif	ler
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY			Application	n Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Feder	al Identifie	IT
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				TE	
Legal Name:	- Allen Miles		Organizationa	Unit	H	
		•	Department:	1 01110	-	, ''' '''
SAN SEMEON CO	CARTOM MO.	services Desired	Division:			Ев 32 2009
Address:	·		Name and tele	phone numb	er-of pers	on to be contacted on malters
Address: Street:		*	involving this			cone) outope contacted of Disputers
111 PICO	Avenue	190	Prefix: Profix	First N	tame: Ch	HARLES
City: SAN SEMEON			Middle Name			OBERT
County: SAM LATS	OBISED		Last Name		G	TAGE
State: CA.	Zip Code 934	52	Suffix:			
Country:	1		Email:	Grace E	9 8,011	Ne man
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	give area code) F	ax Number (give area code)
95-2755743			805 9	127-47	78 8	805 927-0399
8. TYPE OF APPLICATION:						of form for Application Types)
If Revision, enter appropriate lette (See back of form for description	Continuation (Continuation of the Continuation	n Revision		G. 500	ectal	OISTOIET
(See back of form for description	of letters.)	П	Other (specify)			
Other (specify)	<u></u> 2		9. NAME OF F	EDERAL AGE	NCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF	APPLICA	ANT'S PROJECT:
· · · · · · · · · · · · · · · · · · ·		i.	1.94 0-		Dalhar	Settation
TITLE (Name of Program):		heratel branch Samuel branch track	WATER	ect	the trop 1,	stet tation
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties	, States, etc.):	4,23	667		
Caur	TIEŞ					
13. PROPOSED PROJECT			14. CONGRES	SIONAL DIST		
Start Dale:	Ending Date:		a. Applicant		þ.	. Project
15. ESTIMATED FUNDING:			16. IS APPLICA ORDER 12372 I		CTTOR	EVIEW BY STATE EXECUTIVE
a. Federal \$	252,40	4	a. Yes. TH	IS PREAPPLI	CATION/A	PPLICATION WAS MADE E EXECUTIVE ORDER 12372
b. Applicant \$-	THE RESIDENCE OF THE PARTY OF T	30	PR	OCESS FOR	REVIEW	ON STREET THE ORDER 12372
c. State 5	RECEIV	100	DA	TE:		
d. Local S	FEB 0 2 2	009 ."	b. No. F PR	OGRAM IS NO	OT COVER	RED BY E. O. 12372
e. Other \$	1 LD -	100	F OR		IAS NOTE	BEEN SELECTED BY STATE
f. Program Income \$	STATE CLEARING	HOUSE	FOI 17. IS THE APP	R REVIEW PLICANT DEL	INQUENT	ON ANY FEDERAL DEBT?
g. TOTAL \$	852,404	15;	িYes If "Yes"	attach an expl	lanation.	₩ No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TO	VLEDGE AND BELIEF. AUTHORIZED BY THE C	SOVERNING BODY OF T	ICATION PREZ	PPLICATION	ARE TRI	IE AND CORPECT THE
a. Authorized Representative						
1,45	First Name CHA	nces Grave		liddle Name	ROBO	25 F
Last Name Grace			S	Suffix		
). Title Genera	L MANAGE	S	C	. Telephone N	umber (giv	e area code) 927 -
I. Signature of Authorized Repres				. Date Signed		23/09
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T-058 P002/044 F-139

(Certified Current 6/16/07)

FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION: Application Construction Constru					
Sonstruction					
City of Reedely Municipal Airport Department: Public Works					
City of Reedely Municipal Airport Organizational DUNS: 00-494-0631 Address: Street: 1733 Ninth Street FEB 0 2 2009 Prefix: Mr. First Name: Dana City: Reedley STATE CLEARING HOUSE County: Fresno State: Ca City: Ca Country: USA Country: USA 6. EMPLOYER IDENTIFICATION NUMBER EIN): Phone number (give area code): FAX number (give area code): Total Catalog of Federal Domestic Assistance Number Division: Airport Name and telephone number of person to be contamaters involving this application (give area code) Prefix: Mr. First Name: Dana Middle Name: R Last Name: Ritschel Suffix: Phone number (give area code): FAX number (give area code): Total Catalog of Federal Domestic Assistance Number Tarmac reconstruction - Phase I of III.:					
Address: Street: 1733 Ninth Street FEB 0 2 2009 FEB 0 2 2009 Prefix: Mr. First Name: Dana Middle Name: R County: Fresno State: Ca Zip Code: 93654 Country: USA Country: USA Email: dana.ritschel@reedley.com Phone number (give area code): FAX number (give area code): F	Organizational Unit: Department: Public Works				
Street: 1733 Ninth Street FEB 0 2 2009 Prefix: Mr. First Name: Dana City: Readley STATE CLEARING HOUSE County: Fresno Last Name: Ritschel State: Ca Country: USA 6. EMPLOYER IDENTIFICATION NUMBER EIM): 9 4 - 6 0 0 0 4 0 2 B. TYPE OF APPLICATION: New					
City: Reedley County: Fresno State: Ca Zip Code: 93654 Suffix: Country: USA 6. EMPLOYER IDENTIFICATION NUMBER EIN): Phone number (give area code): FAX num	cted on				
Country: Fresno Last Name: Ritschel State: Ca Zip Code: 93654 Suffix: Country: USA Email: dana.ritschel@reedley.com Phone number (give area code): FAX num					
Country: Fresno State: Ca Zip Code: 93654 Suffix: Country: USA 6. EMPLOYER IDENTIFICATION NUMBER EIN): Phone number (give area code): FAX number (give area					
Country: USA Email: dana.ritschel@reedley.com 6. EMPLOYER IDENTIFICATION NUMBER EIN): Phone number (give area code): FAX number (
6. EMPLOYER IDENTIFICATION NUMBER EIN): Phone number (give area code): FAX number (give area code): (559) 637-4200 ext 277 (559) 63 8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER Tarmac reconstruction - Phase I of III.:					
9 4 - 6 0 0 0 4 0 2 8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER (559) 637-4200 ext 277 (559) 63 Other (specify) 7. TYPE OF APPLICANT: (See back of form for Application of Letters) 9					
8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 7. TYPE OF APPLICANT: (See back of form for Application of Application	re area code):				
New	2.7				
New Continuation Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER Other (specify) 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECTION - Phase I of III.:	ation Types)				
(See back of form for description of letters) Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 9. NAME OF FEDERAL AGENCY FAA 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Tarmac reconstruction - Phase I of III.:					
Other (specify) 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECTION. 12. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER Tarmac reconstruction - Phase I of III.:					
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECTION OF FEDERAL DOMESTIC ASSISTANCE NUMBER Tarmac reconstruction - Phase I of III.					
12. AREAS AFFECTED BY PROJECT (cilies, counties, states, etc.):	žт:				
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF					
Start Date Ending Date a. Applicant b. Project					
5/1/2008 11/1/2008 21 21 21 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STA	ATE				
EXECUTIVE ORDER 12372 PROCESS a. Federal \$ 250,000 au a. Yes, ⋈ THIS PREAPPLICATION/APPLICATION WAS N	MADE				
a. Federal \$ 250,000 .uu a. Yes. A THIS PREAPPLICATION/APPLICATION WAS NOT AVAILABLE TO THE STATE EXECUTIVE ORD PROCESS FOR REVIEW ON					
c. Slate \$.00 DATE: 3/6/2008					
d. Local \$ 5000 b. No. PROGRAM IS NOT COVERED BY E. O. 12372					
e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED B'	Y STATE FOR				
1. Program income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERA	AL DEBT?				
g. TOTAL \$ 255,000 Yes If "Yes" attach an explanation					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CODOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative	RECT, THE PLY WITH THE				
Prefix Mr First Name Dana Middle Name R					
Last Name Ritschel Suffix					
b. Title Airport Manager c. Telephone number (give area code (559) 637-4200 ext 277					
d. Signature of Authorized Representative Lana L Previous Editions Not Usable Standard Form	<u>;)</u>				

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RCH 1-29-09 #304 1-29-09 Version 7/03

Prescribed by OMB Circular A-102

APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Pre-application Application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction Non-Construction Non-Construction
5. APPLICANT INFORMATION Legal Name: Organizational Unit: Department: FRESNO AREA HISPANIC FOUNDATION FEB 0 3 2009 Division: N/A Organizational DUNS: 068011449 Name and telephone number of person to person tacted on matters involving this application (give area code) Address: Street: 1444 FULTON ST. Prefix: MS First Name: DORA City: FRESNO Middle Name Last Name WESTERLUND County: FRESNO STATE CLEAHING Suffix: Zip Code 93721 State: CALIFORNIA Country: Email: dwesterlund@fahcc.org 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) (559) 222-8705 (559) 222-8706 7 5 - 3 1 2 9 7 0 5 8. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Types) Continuation New Revision **BUILDING RENOVATION AND UPGRADE** If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) 9. NAME OF FEDERAL AGENCY: ECONOMIC DEVELOPMENT ADMINISTRATION Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 1-3 0 0 TITLE (Name of Program): PUBLIC WORKS AND ECONOMIC DEVELOPMENT PROGRAM FRESNO AREA HISPANIC FOUNDATION - BUILDING RENOVATION AND UPGRADE 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY and COUNTY of FRESNO 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT Ending Date: JULY 15, 2009 Start Date: a. Applicant JIM COSTA b. Project JIM COSTA JAN 15, 2009 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a. Federal a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE 1,429,750 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON 2,600,000 c. State b. No. PROGRAM IS NOT COVERED BY E. O. 12372 d. Local OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income g. TOTAL Yes If "Yes" attach an explanation. No. 4.029.750 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED a. Authorized Representative Prefixs First Name DORA Middle Name Last Name Suffix b. Title PRESIDENT & CHIEF EXECUTIVE OFFICER c. Telephone Number (give area code) (559) 222-8705 d. Signature of Authorized e. Date Signed SEPTEMBER Representative 2008 Standard Form 424 (Rev.9-2003) Previous Edition Usable

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10						Vargion 7/02		
APPLICATION			2. DATE SUBMITTED		Applicant Iden	Version 7/03		
FEDERAL ASS				ary 2009				
1. TYPE OF SUBMISS			3. DATE RECEIVED BY STA	ATE	State Applicati	on Identifier		
Application Construction	Proapplication							
☐ Non-Construction				ERAL AGENCY	Federal Identif	ier		
Non-Construction 5. APPLICANT INFORMATION								
Legal Name:	ORMATION		restricted to the second	Organizational Unit:	Benton Airp	park		
City of Redding	յ, California			Department: Transp				
Organizational DUNS:	07-378-0413			Division: Airports				
Address:		5	OFIVED	Name and telephone	number of pe	erson to be contacted on		
Street: 777 Cypr	ess Avenue	RE	CEIVED	matters involving this	application	(give area code)		
		FF	B 0 3 2009	Prefix: Mr.	First Name:	Rod		
City: Redding			1	Middle Name: A.				
County: Shasta		ı	CLEARING HOUSE	Last Name: Dinger				
State: CA	Zip	Code: 9600	1-2718	Suffix:				
Country: USA				Email: rdinger@ci.	redding.c	a.us		
6. EMPLOYER I	DENTIFICATION	NUMBER	EIN):	Phone number (give ar	ea code):	FAX number (give area code):		
9 4 _ 6	.55) 1		(530) 224-43		(530) 224-4318		
8. TYPE OF APPLICAT	TION:			7. TYPE OF APPLICA	NT: (See bac	k of form for Application Types)		
⊠ Ne	ew Continuation	n 🗌 Revi	sion	Other (specify)				
If Revision, enter approp (See back of form for de	oriate letter(s) in box(es): escription of letters)							
Other (specify)				9. NAME OF FEDERA	LACENCY			
				Federal Aviation		ation		
10. CATALOG OF F	EDERAL DOMESTIC	ASSISTANO	CE NUMBER	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
		2 0 -	1 0 6	1. Runway Safety Area Improvements (Design Only)				
TITLE: Airport Improve	ement Program			Pavement Maintenance Management Program (PMMP)				
(AIP)				(PIVIVIP)				
	TED BY PROJECT (C			7				
	g, Anderson and							
No. 1911-0-191-191-19-4-1 District Street Control of Co	, Trinity, Siskiyo	u, Modoc	and Lassen					
State of Californ 13. PROPOSED PR				14. CONGRESSIONAL	DISTRICTS	OF.		
Start Da	te		nding Date	a. Applicant	2 0101111010	b. Project		
03/01/0		0	6/30/09	#02		#02		
15. ESTIMATED FUN	NDING			16. IS APPLICATION S EXECUTIVE ORDER 1				
a. Federal	\$	2	12,443			PPLICATION WAS MADE E EXECUTIVE ORDER 12372		
b. Applicant	\$	***	5,870 .00		FOR REVIEW (
c. State	\$		5,311 ^{.00}	DATE: 01 /	28/09			
d. Local	\$		0 .00	b. No. D PROGRAM	IS NOT COVER	RED BY E. O. 12372		
e. Other	\$		0 .00	REVIEW		BEEN SELECTED BY STATE FOR		
f. Program income	\$		0 .00	THE STATE OF CONTRACTORS OF STATE OF ST		ON ANY FEDERAL DEBT?		
g. TOTAL	\$		23,624 .00	Yes If "Yes" attach an		⊠ No		
DOCUMENT HAS BE ATTACHED ASSURA	EN DULY AUTHORI ANCES IF THE ASSIS	ZED BY THE	GOVERNING BODY OF			TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE		
a. Authorized RepresentPrefix Mr.		ne Brian	.,	Middle	e Name			
FICHX WII.	First Nar	ie Dilaii		Middle	. 1441115			

g. 18 D. A. a. Suffix

Last Name Crane b. Title Director, Transportation and Engineering

c. Telephone number (give area code) **(530) 245-7155** e. Date Signed

Sentative d. Signature of Authorized Reg Previous Editions Not Usable Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Chart age revised 12	/13/03)				VEISION //US
APPLICATION F	OR	2. DATE SUBMITTED Janua	ry 2009	Applicant Iden	tifier
1. TYPE OF SUBMISSI	NOTE OF THE PROPERTY OF THE PR	3. DATE RECEIVED BY STA		State Applicat	ion Identifier
Application Construction	Preapplication	4. DATE RECEIVED BY FEDI	EDAL AGENCY	Federal Identi	fier
Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDI	ERAL AGENCT	rederar identifi	
5. APPLICANT INFO					
Legal Name: City of Redding,	California			nit: Redding Mu Insportation &	
Organizational DUNS: 0	7-378-0413		Division: Airpo	rts	
Address:			Name and teleph	one number of pe	erson to be contacted on
Street: 777 Cypre	ss Avenue / RECI	FIVER		this application	· · · · · · · · · · · · · · · · · · ·
	FED	-IVED	Prefix: Mr.	First Name:	Rod
City: Redding	ss Avenue RECI	3 2009	Middle Name: A.		
County: Shasta	Zip Code: 9600	No.	Last Name: Ding	ger	
State: CA	Zip Code: 9600	11-27 OUSE	Suffix:		
Country: USA)		Email: rdinger	@ci.redding.c	a.us
6. EMPLOYER ID	ENTIFICATION NUMBER	REIN):	Phone number (gi	ve area code):	FAX number (give area code):
	0 0 0 4 0 1		(530) 22		(530) 224-4318
8. TYPE OF APPLICATI	ON:			LICANT: (See bac	k of form for Application Types)
New	Continuation Rev	rision	Other (specify)		
If Revision, enter appropr (See back of form for des			Carron (openny)		
Other (specify)			9. NAME OF FEE	EDAL ACENCY	
				on Administra	ation
10. CATALOG OF FE	DERAL DOMESTIC ASSISTAN				ICANT'S PROJECT:
	2 0 -	1 0 6	1. Runwa Only	y 16-34 – Paver	nent Preservation (Design
TITLE: Airport Improve (AIP)	ment Program		2. Taxiwa		C, E, H (Design Only)
12. AREAS AFFECTI	ED BY PROJECT (cities, counties,	states etc.)		: Electrical Mast ounted ARFF U	
	g, Anderson and Red Blu			ursement	THE (1 dre 100) -
	Trinity, Siskiyou, Modoc	and Lassen	5. Airfield	l Signage Reha	bilitation (Part 139)
State of Californi 13. PROPOSED PRO			14. CONGRESSION	NAL DISTRICTS	OF
Start Date	E	nding Date	a. Applicant	SHAL DISTRICTS	b. Project
03/01/09		9/30/10	#02	ON CUP IFOT TO	#02 REVIEW BY STATE
15. ESTIMATED FOR	DING		EXECUTIVE ORD		
a. Federal	\$	86,996			PPLICATION WAS MADE E EXECUTIVE ORDER 12372
b. Applicant	\$.	25,631 ^{.00}		ESS FOR REVIEW O	
A 20 10	\$	0 .00	DATE:	01/28/09	
d. Local	\$	0 .00	b. No. PROG	RAM IS NOT COVER	RED BY E. O. 12372
e. Other	\$	0 .00	☐ OR PR		BEEN SELECTED BY STATE FOR
	\$	0 .00	17. IS THE APPLIC	ANT DELINQUENT	ON ANY FEDERAL DEBT?
		12,627	Yes If "Yes" attac		⊠ No
DOCUMENT HAS BEE	MY KNOWLEDGE AND BELIE EN DULY AUTHORIZED BY THE NCES IF THE ASSISTANCE IS A	GOVERNING BODY OF	PPLICATION/PREA THE APPLICANT	PPLICATION ARE AND THE APPLIC	E TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE
a. Authorized Representa			T .	Aiddle Name	
Prefix Mr. Last Name Crane	First Name Brian			Middle Name	
	ansportation and Engine	ering	C	. Telephone numb	er (give area code)
d. Signatule of Authoriz	Representative			530) 245-7155	
1 16:4			e e	. Date Signed	
				1/30/2	00

		2. DATE SUB	MITTED	Applicant identifier
APPLICATIO	N FOR FEDERAL AS(\NC		·····	Scott20090868
SF 424	(R&R)	3. DATE REC	EIVED BY STATE	State Application Identifier
1. * TYPE OF 9				4
Pre-applica		4. Federal Id		
	ged/Corrected Application	DE-FG02-03E	R15467 renewal	
. APPLICANT	INFORMATION		* Organizat	ional DUNS: 094878394
Legal Name:	The Regents of the University of Ca	allfornia		Pro
Department:	Office of Research	Division: V	ice Chancellor of Resear	PECEIVE FEB 0 3 2009
Street1:	3227 Cheadle Hall	Street2:		FER
City: Santa B	Jarbara	County: Santa Bari	bara	• State: CA: Californ TATE CLEARING HOUS
Province:	1 11 18 Comments	* Country: JNIT	ED ST ZIP / Postal Co	de: 93106
Darran ta ba aa	ntacted an mediate levelving this an	nlianlian		THING HOUS
	ntacted on matters involving this ap irst Name:	Middle Name:		* Last Name: Suffix:
	phanle			May
Phone Numbe	r: 805-893-3890	Fax Number: 80	5-893-2611	Email: proposals@research.ucsb.edu
	RIDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLIC	
5-6006145W			H: Public	/State Controlled Institution of Higher Education
. TYPE OF A	PPLICATION: New		Other (Specify):	
				Small Business Organization Type
Resubmissio	n 🗸 Renewal 🗌 Continuation	Revision	─ Women Owned	Socially and Economically Disadvantage
	Renewal Continuation c appropriate box(es).	Revision	Women Owned NAME OF FEDERA WATER	Socially and Economically Disadvantage
f Revision, mari				Socially and Economically Disadvantage
Revision, mari	k appropriate box(es).		9, * NAME OF FEDERA Chicago Service Center	Socially and Economically Disadvantage
f Revision, mari	k appropriate box(es).	C. Increase Duration	9, * NAME OF FEDERA Chicago Service Center	Socially and Economically Disadvantage
Revision, mari A. Increase A D. Decrease I Is this applicat	ward B. Decrease Award Control	C. Increase Duration	9, * NAME OF FEDERA Chicago Service Center 10, CATALOG OF FED 81.049	Socially and Economically Disadvantage
Revision, mari A. Increase A D. Decrease I Is this applicat	ward B. Decrease Award Duration E. Other (specify): clon being submitted to other agencinoies?	C. Increase Duration	9, * NAME OF FEDERA Chicago Service Center 10, CATALOG OF FED 81.049	Socially and Economically Disadvantage L AGENCY: ERAL DOMESTIC ASSISTANCE NUMBER:
Revision, mari A. Increase A D. Decrease I Is this applicat What other Age	ward B. Decrease Award Control	C. Increase Duration ies? Yes No V	9, * NAME OF FEDERA Chicago Service Center 10, CATALOG OF FED 81.049 TITLE: Office of Scient	Socially and Economically Disadvantage L AGENCY: ERAL DOMESTIC ASSISTANCE NUMBER:
Revision, mari A. Increase A D. Decrease I Is this applicat What other Age 1.* DESCRIPT Heirarchical Dec	ward B. Decrease Award Duration E. Other (specify): slon being submitted to other agencincies? TIVE TITLE OF APPLICANT'S PROsign of Supported Organometallic Comments	C. Increase Duration ies? Yes No O DJECT: atalysts for Hydrocar	9, * NAME OF FEDERA Chicago Service Center 10, CATALOG OF FED 81.049 TITLE: Office of Scient	Socially and Economically Disadvantage L AGENCY: ERAL DOMESTIC ASSISTANCE NUMBER: nce Financial Assistance Program
Revision, mari A. Increase At D. Decrease I Is this applicat What other Age 1.* DESCRIPT Heirarchical Dec	ward B. Decrease Award Control	C. Increase Duration ies? Yes No O DJECT: atalysts for Hydrocar	9, * NAME OF FEDERA Chicago Service Center 10, CATALOG OF FED 81.049 TITLE: Office of Scient	Socially and Economically Disadvantage L AGENCY: ERAL DOMESTIC ASSISTANCE NUMBER: nce Financial Assistance Program
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Revision, mari A. Increase At D. Decrease I Is this applicat What other Age 1. * DESCRIP Heirarchical Dec 2. * AREAS AF I/A 3. PROPOSED Start Date 19/15/2009 5. PROJECT D Prefix: * F Dr. Suition/Title: Department: Street1:	ward B. Decrease Award Duration E. Other (specify): Illon being submitted to other agenciancies? FIVE TITLE OF APPLICANT'S PROsign of Supported Organometallic Cities, constitution of	C. Increase Duration ies? Yes No DJECT: atalysts for Hydrocar unties, states, etc.) ATOR CONTACT INF Middle Name: L. Organization:	9. * NAME OF FEDERA Chicago Service Center 10. CATALOG OF FED 81.049 TITLE: Office of Scient bon Transformations: Str 14. CONGRESSIONAL a. * Applicant 23 FORMATION on Name: The Regents College of En	Socially and Economically Disadvantage LAGENCY: ERAL DOMESTIC ASSISTANCE NUMBER: Ince Financial Assistance Program Lactures and Dynamics of the Active Site DISTRICTS OF: b. * Project 23 * Last Name: Scott Of the University of California
Revision, mari A. Increase At D. Decrease I Is this applicat What other Age 1. * DESCRIPT Heirarchical Det 2. * AREAS AF I/A 3. PROPOSED Start Date 19/15/2009 5. PROJECT D Prefix: * F Dr. Sut Position/Title: Department: Street1:	ward B. Decrease Award Duration E. Other (specify): Illon being submitted to other agenciancies? FIVE TITLE OF APPLICANT'S PROsign of Supported Organometallic Cities, constitution of	C. Increase Duration ies? Yes No DJECT: atalysts for Hydrocar unties, states, etc.) ATOR CONTACT INF Middle Name: L. Organization: Street2: County: Santa Bari	9. * NAME OF FEDERA Chicago Service Center 10. CATALOG OF FED 81.049 TITLE: Office of Scient bon Transformations: Str 14. CONGRESSIONAL a. * Applicant 23 FORMATION on Name: The Regents College of En	Socially and Economically Disadvantage AL AGENCY: ERAL DOMESTIC ASSISTANCE NUMBER: Ince Financial Assistance Program DISTRICTS OF: b. * Project 23 * Last Name: Scott of the University of California gineering * State: CA: Californ

SF 424	(R&R) APPLI	CA" Y FOR FEE	DERAL ASSIST	TANCE			Page 2
	PROJECT FUNDING			.* IS APPLICATION SUB ORDER 12372 PROCES		W BY STATE EXEC	UTIVE
	ed Project Funding & Non-Federal Funds ogram Income	1,808,222.00 1,808,222.00 0.00	D.	PROCESS FOR ATE: 02/02/2009 NO PROGRAM IS N	THE STATE EXE REVIEW ON: OT COVERED 6	CATION WAS MADE ECUTIVE ORDER 12: BY E.O. 12372; OR ELECTED BY STATE	
* The list of con			re you may obtain th	is list, is contained in the enno	uncement or agenc	y specific instructions.	Suffix:
"The list of carl	titications and assurances			THE PERSON OF TH	st Name:	y specific instructions.	Suffix:
"The list of card 9. Authorized Prefix: * Fin Ms. Step	ntications and assurances Representative rst Name:	Mid		* Le	ast Name:		Suffix:
"The list of carl 19. Authorized Prefix: Fir Ms. Step Position/Title:	ntications and essurances Representative rst Name: phanie	Mid	ddle Name:	▼ Lg	est Name: / rsity of California		Suffix:
"The list of cond 19. Authorized I Prefix: * Fin Ms. Step Position/Title: Department:	Representative rst Name: phanie Sponsored Projects O	Mid	ddle Name:	The Regents of the Unive	est Name: / rsity of California		Suffix:
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"The list of confine the list of confine the list of confine the list of confine the list of the list	Representative rst Name: phanie Sponsored Projects O Office of Research 3227 Cheadle Hall Barbara	fficer County	ddle Name: * Organization: Division: Street2: Santa Barbara	The Regents of the Univervice Chancellor of Research	est Name: / ersity of California arch State: CA		
* The list of cert 19. Authorized I Prefix: * Fir Ms. Step * Position/Title: [Department: [* Street1: [* City: Santa B Province: [* Phone Number:	Representative rst Name: phanie Sponsored Projects O Office of Research 3227 Cheadle Hall Barbara	fficer County * Col	oddle Name: Organization: Division: Street2: Santa Barbara Buntry: JNITED umber: 805-893-	The Regents of the Univervice Chancellor of Research * ZIP / Postal Code 2611	est Name: / resity of California arch * State: CA :: 93106 Email: propos * Date Sig	: Califon	

Acc Attachment Delete Attachment View Attachment

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTE February 3, 2009	D	Applicant Ide	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE	State Applica	
Application Construction	Construction	4. DATE RECEIVED	BY FEDERAL AG	ENCY Federal Ident	fler
Non-Construction	Non-Construction			NPIAS 3-06-0179-029-2009	
5. APPLICANT INFORMATION	Per reon-gonari de loi.				
Legal Name:			Organization Department:	al Unit:	
County of Ventura			Department o	f Airports	
Organizational DUNS: 129771036			Division:		
Address:		EN/ED		ephone number of pe application (give are	rson to be contacted on matters
555 Airport Way, Sulte B	HEL	EIVLD	Prefix:	First Name:	od Code)
City:	FEB	0 4 2009	Mr. Middle Name	Todd	
Camarillo		0 ,1			
County: Venutra	STATECH	EARING HOUSE	Last Name McNamee		
State: CA	Zip Code STATE GL 93010		Suffix:		
Country: USA			Emall: todd.mcname	e@ventrua.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			r (give area codo)	Fax Number (give area code)
95-6000944			(805) 388-420	٥ .	(805) 388-4366
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)	n 🖟 Revision	Other (specify)		
Other (specify)	ليا		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration, Western Pacific Region		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	TIVE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Program 12. AREAS AFFECTED BY PRO	DJECT (Cities, Countles	2 0-1 0 6	Relocate Di Purchase o		ving projects: Runway 25. cres of property on the east side. s of property on the north side.
Ventura County					
13. PROPOSED PROJECT				SIONAL DISTRICTS	
Start Date: July 2009	Ending Date: July 2011		a. Applicant 23 & 24		b. Project
15. ESTIMATED FUNDING:	1 1		16. IS APPLIC		REVIEW BY STATE EXECUTIVE
a. Federal \$		UB	ORDER 12372	PROCESS? IIS PREAPPLICATION	ATE EXECUTIVE ORDER 13373
b. Applicant \$		250,000		AILABLE TO THE STA ROCESS FOR REVIEW	WIL EVEDOUAL OUDELL ISSUE
c. State \$		13,158			
			<u>.</u>		, FAX'ed to (916) 323-3018
			D. NO. 11.9		ERED BY E. O. 12372
e. Other		, uu		R PROGRAM HAS NO OR REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$	W2	- 00	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL S		263,158	☐ Yes If "Yes"	attach an explanation	. 🗷 No
18. TO THE BEST OF MY KNOV DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TO a. Authorized Representative	LUTHORIZED BY THE	GOVERNING BODY O	PPLICATION/PRE	APPLICATION ARE T T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
	First Name Todd			Middle Name	
Last Name McNemee	1044			Suffix	
b. Title Director of Airports	MiM			c. Telephone Number (805) 388-4200	(give area code)
d. Signature of Authorized Repres	entative		Al Marin	e. Date Signed February 3, 2009	
Previous Edition Usable Authorized for Local Reproduction				. Jonas 4, 2003	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

						. (Certified current 7/25/08)
APPLICATION		E.	2. DATE SUBMITTED		Applicant Ide	ntifier
FEDERAL ASS		<u></u>	January 28,			*
TYPE OF SUBMISS	SION:	•	3. DATE RECEIVED BY ST.	ATE	State Applica	tion Identifier
Application Construction Non-Construction		Preapplication Construction Non-Construction	4. DATE RECEIVED BY FEI	DERAL AGENCY	· Federal Ideni	ifier
5. APPLICANT INF Legal Name:	ORMATIO	<u> </u>		Organizational l	Init:	
City of San Jos	е					a SanJose International
Organizational DUNS:	0635418	74		Division:		
Address:				Name and telep	hone number of p	erson to be contacted on
Street: 1732 Nor	th First S	street		matters involvin	g this application	(give area code)
				Prefix: Ms	First Name:	Laura
City: San Jose			· ·	Middle Name:		RECEIVED
County: Santa CI	ara		.*	Last Name: Lui		FEP 0 5 2000
State: CA		Zip Code: 9511	2-4538	Suffix:		1 20 0 0 2009
Country: USA				Email: Iluu@s		STATE CLEARING HOUSE
6. EMPLOYER I	DENTIFIC	CATION NUMBER	EIN):	Phone number (g	ive area code):	FAX number (give area code):
9 4 _ 6	0 0 0	0 4 1 9		408-50	1-7629	408-573-1677
8. TYPE OF APPLICAT	TION:			7. TYPE OF APP	PLICANT: (See bac	k of form for Application Types)
⊠ Ne	ew 🗍	Continuation Revi	sion			
If Revision, enter approp	oriate letter(s)	in box(es):		Other (specify)		
(See back of form for de			<u>a</u> , o		DERAL AGENCY Aviation Adm	inistration
Other (specify)				11. DESCRIPTIV	'E TITLE OF APPL	ICANT'S PROJECT:
TITLE: Airport Improve	200	OMESTIC ASSISTANC	- 1 0 6	and power fo	r aircraft to th	ore-conditioned air units e underside of 13 s on Terminal A.
		OJECT (cities, counties, s	states, etc.):			
San Jose, Califo		x		14 CONGRESS	IONAL DISTRICTS	: OF
Start Da		Er	nding Date	a. Applicant	ONAL DISTRICTS	b. Project
November	The Profession Commission	Ju	ne 2010 <u> </u>	15th		15th
15. ESTIMATED FUN	NDING		•		TON SUBJECT TO ER 12372 PROCE	REVIEW BY STATE
a. Federal	\$	4,5	39,233	a. Yes. 🖾 THIS	PREAPPLICATION/A	PPLICATION WAS MADE E EXECUTIVE ORDER 12372
b. Applicant	.\$	1,5	13,077	PROC	CESS FOR REVIEW	¥.
c. State	\$.		.00	DATE	: January 2	28, 2009
d. Local	\$.		.00 .	b. No. PROG	GRAM IS NOT COVE	RED BY E. O. 12372
e. Other	\$.00	OR PI		BEEN SELECTED BY STATE FOR
f. Program income	\$.00	17. IS THE APPLIC	ANT DELINQUEN	ON ANY FEDERAL DEBT?
g. TOTAL	\$		52,310 ^{.00}	Yes If "Yes" atta		· . No
DOCUMENT HAS BE ATTACHED ASSURA	EN DULY ANCES IF T		GOVERNING BODY O			E TRUE AND CORRECT, THE CANT WILL COMPLY WITH THE
a. Authorized Represent	tative	First Name Doors			Middle Ne	
Prefix Ms Last Name Santan		First Name Deanna			Middle Name Suffix	:
b. Title Deputy Cit		er	. 0	(er (give area code)
d. Signature of Author	ized Repres	sentative /			e. Date Signed	

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APPLICATION	FOR		2. DATE SUBMITTED	0000	Applicant iden	uner
FEDERAL ASS	ISTANC	E	January 28,		J	
1. TYPE OF SUBMISS	SION:	* 1	3. DATE RECEIVED BY S	TATE ·	State Applicati	on Identifier
Application ☐ Construction x Non-Construction		Preapplication Construction Non-Construction	4. DATE RECEIVED BY F	EDERAL AGENCY	Federal Identif	ier
5. APPLICANT INF	ORMATIC	iN .				
Legal Name: City of San Jos	e			Organizational Department:		SanJose International
Organizational DUNS:	0635418	374		Division:		
Address: Street: 1732 Nor	th Firet	Street		Name and tele	ephone number of pe ving this application	erson to be contacted on (give area code)
	enți moc			Prefix: Ms	First Name:	
City: San Jose				Middle Name:		RECEIVED
County: Santa Cl	ara	iti		Last Name: L	uu -	FEB 0 5 2009
State: CA		Zip Code: 951	2-4538	Suffix:		
Country: USA				Email: Iluu@		STATE CLEARING HOUSE
6. EMPLOYER I	DENTIF	CATION NUMBER	EEIN):	Phone number	(give area code):	FAX number (give area code):
9 4 - 6	0. 0	0 4 1 9	*	408-	501-7629	408-573-1677
8. TYPE OF APPLICAT				7. TYPE OF A	PPLICANT: (See back	of form for Application Types)
⊠ Ne		Continuation Rev	ision	Other (specify)		
If Revision, enter appro-	escription of	s) in box(es):	•	Description of the second seco	EDERAL AGENCY	
Other (specify)		de de	,		al Aviation Admi	
				The same and the s	TIVE TITLE OF APPLI	
10. CATALOG OF F	EDERAL	DOMESTIC ASSISTAN		Convert 11	Vehicles to Alter	native Fuel Vehicles.
		2 0	_ 1 0 6		• -	
TITLE: Airport Improv	ement Prog	ram???	J			
		ROJECT (cities, counties,	states, etc.):			
San Jose, Califo		· · · · · · · · · · · · · · · · · · ·	7.	14 CONGRES	SIONAL DISTRICTS	OF.
Start Da		T E	nding Date	a. Applicant	SOUNAL DISTRICTS	b. Project
December	2008		ine 2009	15th		15th
15. ESTIMATED FU	NDING			AND THE PERSON OF THE PERSON O	ATION SUBJECT TO	
a. Federal	\$				RDER 12372 PROCES	SS PPLICATION WAS MADE
			88,866	AV	AILABLE TO THE STATE	E EXECUTIVE ORDER 12372
b. Applicant	\$	1	26,013		OCESS FOR REVIEW O	
c. State	\$	in.	.00		TE: January 28	
d. Local	\$.00		OGRAM IS NOT COVER	CONTROL CONTRO
e. Other	\$			RE	VIEW	EEN SELECTED BY STATE FOR
f. Program income	\$				E	ON ANY FEDERAL DEBT?
g. TOTAL	\$		14,013		ttach an explanation	⊠ No
DOCUMENT HAS BE ATTACHED ASSURA	EN DULY		GOVERNING BODY			TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE
a. Authorized Represent	tative				T Drawn w	
Prefix Ms		First Name Deann	3		Middle Name	
Last Name Santan					Suffix	(also are a sed a)
b. Title Deputy Cit		10			c. Telephone number 408-535-8280	er (give area code)
d. Signature of Author	ized Repre	esentative	<u></u>	0	e. Date Signed	Je1
Previous Editions Not Us Authorized for Local Rep			£	2		Ştandard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
			3,50			

(Delanes with

d. Signature of Authorized Representative

408-501-7669

e. Date Signed //27/09

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Representative

d. Signature of Authorized

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED	, ·		Applicant Ide	Version 7/
purchase and a second		February 5, 2009				
1. TYPE OF SUBMISSION: Application	Pre-application		3. DATE RECEIVED BY STATE		State Application Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL A	AGENCY	ederal Iden	tifier
✓ Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:	N		Organizat	ional Unit:		
McCloud Community Services	District		Departmen	nt:		
Organizational DUNS:	DISTRICT		McCloud V	olunteer Fire	Department	
153922406	DE	And in the last of the Alexander of the last of the la				
Address: Street:	- I TEC	FIVEN		telephone n this applicat		erson to be contacted on matters
220 W. Minnesota Ave.		The D	Prefix:		irst Name:	ea code)
City	TEB 0	EIVED 5 2009	Mrs. Middle Nar		Beth	
City: McCloud	07.	2009	No Middle	Name		
County: Siskiyou	STATE CLEAN	RING HOUSE	Last Name Steele			
State: CA	Zip Code 96057	TOUSE	Suffix:			
Country: USA		*	Email:	ccloudesd.ca	LIE	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			nber (give area		Fax Number (give area code)
94-1614312			(530) 964-2			(530) 964-3175
8. TYPE OF APPLICATION:			7. TYPE OF	F APPLICAN	T: (See bac	k of form for Application Types)
V Nev	w 🖺 Continuation	n 🛚 Revision			(000 000	in or term ter ripplication Types)
f Revision, enter appropriate let	ter(s) in box(es)	the Horioton	G			
See back of form for description	of letters.)		Other (speci	ity)		
Other (specify)	البيسا	Ш	9. NAME O	F FEDERAL	AGENCY:	USDA, Rural Development
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCR	IPTIVE TITLE	E OF APPLI	CANT'S PROJECT:
		1 0 - 7 6 6	Personal Pi	rotective Equ	ipment 2009	
TITLE (Name of Program):		hannel hannel hannel hannel				
		First Responders Grant	-			
12. AREAS AFFECTED BY PRO	A PRODUCTION OF THE PRODUCT OF THE P					
Town of McCloud and surrou	Inding to Siskiyou/Snasta	county lines	44 001100		NOTELOTE	-
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	ESSIONAL I	DISTRICTS	b. Proiect
March 2009	April 2009		District 2	 Wally Herge 		District 2 - Wally Herger
15. ESTIMATED FUNDING:				ICATION SU		REVIEW BY STATE EXECUTIVE
a. Federal \$		00	- ٧ ١٧	THIS PREAF	PLICATION	/APPLICATION WAS MADE
b. Applicant \$		6,930		AVAILABLE ' PROCESS F	TO THE STA	ATE EXECUTIVE ORDER 12372
b. Applicant		8,470				VON
c. State \$				DATE: 01/30	/09	
d. Local \$. 00	b. No. 🔟 1	PROGRAM IS	NOT COV	ERED BY E. O. 12372
e. Other \$	-	.00				BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE A	FOR REVIEW APPLICANT I	/ DELINQUEN	T ON ANY FEDERAL DEBT?
g. TOTAL \$		00	Voc If "V	es" attach an	ovnlanation	∠ No
18. TO THE BEST OF MY KNOW OCCUMENT HAS BEEN DULY A	WLEDGE AND BELIEF, AUTHORIZED BY THE G	15,400 ALL DATA IN THIS APP BOVERNING BODY OF T	LICATION/PR	REAPPLICAT	ION ARE TI	RUE AND CORRECT. THE
TTACHED ASSURANCES IF T . Authorized Representative	HE ASSISTANCE IS AW	/ARDED.	House St.	9 (94.9)		
	First Name	and the second s	_	Middle Nan	ne	
Ars. .ast Name	Beth			No Middle Suffix	Name	
Steele				100 000000000		
. Title General Manager				c. Telephor (530) 964-2		give area code)
Signature of Authorized Repres	entativ <u>e</u>			e. Date Sig		
- 121th	Stille			01/30/09		

Application for Federal Assists	nce SF-424		_		V	ersion 02	
1. Type of Submission: Preapplication Application Changed/Corrected Application	* 2. Type of Application: New Continuation Revision	* If Revision, select appropriate letter(s): * Other (Specify)					
* 3. Dale Received: Completed by Grants, gov upon submission.	4. Applicant Identifier:	. Applicant Identifier:					
5a. Federal Enlity Identifier:		* 5b. Fed	deral Award Iden	differ:	RECEIVED	A. R. P. C.	
Stale Use Only:			~		FEB 0 5 2009	and the second s	
6. Date Received by State:	7. State Application	idenlifier:					
8. APPLICANT INFORMATION:					STATE CLEARING HOUSE		
*a. Legal Name: City of Riverba	nk						
* b. Employer/Texpayer (dentification Nur 946000407	mber (EIN/TIN):	* c. Orga 946310	nizalional DUNS	S:			
d. Address:				•			
*Street1: 6707 Third St	reet	~					
Street2:							
*City: Riverbank							
County: Stanialaus							
State: Province:		CA	: Californi	å	<u> </u>		
* Gountry:		IISA ·	UNITED STA	<u></u>		\neg	
* Zíp / Poslal Code: 95367		VV					
e. Organizational Unit:	~						
Department Nama:		Division I	Name:				
Local Redevelopment Authorit	y						
f. Name and contact information of po	erson to be contacted on m	allera Invo	lving this appli	cation:			
Prefix: Ms.	* First Name	e: Debo	rah				
Middle Name: Lynn			W =				
* Last Name: Olson							
Suffix:							
Tille: Executive Director							
Organizational Affillation:							
City of Riverbank							
* Telephone Number: 2098637157			Fax Number:	20986970	44		
*Email: dolson@riverbank.org							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
X: Other (specify)	
Type of Applicant 3: Select Applicant Type:	
Olher (specify):	
Local Redevelopment Authority	
* 10. Name of Federal Agency:	-
Economic Development Administration	
11. Catalog of Federal Domestic Assistance Number:	·
11.307	
CFDA Tille:	
Economic Adjustment Assistance	
* 12. Funding Opportunity Number:	
EDA10012000EDAP	
*Title;	
Economic Development Assistance Programs	
13. Competition Identification Number:	
05	
Tille:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Riverbank Stanislaus County State of California	
* 16. Descriptive Title of Applicant's Project:	
Strategic Planning Activity for the Riverbank Army Ammunition Plant: A 2005 Realignment and Closure Project	
Altach supporting documents as specified in agency instructions.	
Zadd Allachnedia Daleie Alfachmenta Yew Allachnedia	

Application	for Federal Assistanc	e SF-424						Version 02
16. Congressi	onal Districts Of:							
*a. Applicani	19			* b. Prag	gram/Projec	CA-019		
Altach an addit	onal list of Program/Project C	ongressional Districts If need	ed.					
		Add Allachmen(De	lete Attachi	one V	iew Allach	ment		
17. Proposed I	Project:							
* a. Start Date:	03/23/2009				b, End Dat	e: 04/12/2	010	
18. Estimated	Funding (\$):							
* a. Federal		144,000.00						
* b. Applicant		36,000.00						
* c. State		0.00						
d. Local		0.00						
e. Olher		0.00						
*f. Program Inc	ome	0.00						
g. TOTAL		180,000.00						
a. This app	llcation was made available	State Under Executive Order to the State under the Execution has not been selected by 372.	culiva Ordar	12372 Pro	cess for re	vlew on [02/03/2009 .	
* 20. Is the App		Federal Debt? (If "Yes", pr Explanation	ovide explar	ation.)	·			
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ***I AGREE *** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.								
Authorized Rep	presentalive:							
Prefix:	Ma.	* First Name:	Deborah			*-		
Middle Name:	Lynn							
* Lest Name:	Olson	The state of the s						1
Suffix:								
*Title: Ex	scutive Director							
* Telephone Nur	nber; 2098637157		Fa	x Number: [20986970	144		
• Email: dolso	n@riverbank.org				-			
* Signature of At	thorized Representative;	Completed by Grants.gov upon sub-	mission.	Date Signe	d: Comple	eled by Grants.gov	upon submission,	

APPLICATION FOR	_			<u> </u>	Version 7/0	
FEDERAL ASSISTANCE	Ĭ.	2. DATE SUBMITTED	01/07/2009	Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier		
M Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGEN	CY Federal Identi	fler	
Non-Construction	Non-Construction		_			
5. APPLICANT INFORMATION			Oseanlandiaval	1-10		
Legal Name:			Organizational Department:			
OUNTY OF SAN DIEGO Organizational DUNS:	- Company of the Comp		Division:	PUBLIC WORK	<u> </u>	
00-95816	46		AIRPO			
Address: Street:	DEC	TENTED		hone number of pe oplication (give are	rson to be contacted on matters	
	HEC	PEIVED	Prefix:	First Name	TER	
1960 JOE CROSSON DR.	FEB	0 5 2009	Middle Name	PE	ilek	
EL CAJON County:	1 50	0 % 2003	Last Name			
SAN DIEGO	STATE C	EARING HOUSE	DRIN	KWATER		
Slate: CA	Zip Code STATE CL 92020	LAMINGTIOUSE	Suffix:			
Country: USA			Email; PETE	R.DRINKWATER@	adcounty.ca.gov	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	***************************************	Phone Number (g	1/02	Fax Number (give area code)	
95-6000934	1		(619) 956-	4800	(619) 956-4801	
8. TYPE OF APPLICATION:		**************************************	7. TYPE OF APP	LICANT: (See back	of form for Application Types)	
☑ New		n 🔲 Revision	В			
If Revision, enter appropriate lette (See back of form for description	of letters.)	П	Other (specify)			
Other (specify)	(specify) 9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION					
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program): AIRPO	ORT IMPROVÉMENT P OJECT (Cities, Counties		RAMONA AIRPORT - SLURRY SEAL RUNWAY, APRROXIMATELY 5,000 ft LONG X 150 ft WIDE \$308,750.00. TAXIWAY ALPHA APPROXIMATELY 5,000 ft LONG AND 50 ft WIDE, TAXIWAY BRAVO APPROXIMATELY 700 ft LONG X 35 ft WIDE \$237,500.00 AND APROXIMATELY 5,7 ACRES \$142,500.00, DIGOUT AND			
RAMONA, SAN DIEGO COUNT	TY, CA		100 700 C.		FAILED PAVEMENT IF NEEDED	
13. PROPOSED PROJECT Start Date:	Ending Date:	,	a. Applicant	ONAL DISTRICTS	DF: b. Project	
TBD	TBD Date:		52		52	
15. ESTIMATED FUNDING:			ABBEB JEARA DE	CAPAGA	REVIEW BY STATE EXECUTIVE	
a. Federal \$		688,750	A VOC IZE THIS	PREAPPLICATION	APPLICATION WAS MADE	
b. Applicant \$		- 00		LABLE TO THE STA CESS FOR REVIEW	THE MALOUTIAL OFFICER (2012	
c. State \$		19,031	DATE	E: BY 01/12/09(Faxe	ed to (916) 323.3018)	
d. Local \$		17,219	- PRO	GRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$		-,00			F BEEN SELECTED BY STATE	
f. Program Income \$			FOR	REVIEW	NT ON ANY FEDERAL DEBT?	
g. TOTÁL \$		ากบ	_			
	MI EDGE AND BELIEF	725,000		ttach an explanation		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT	ND THE APPLICATION	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a, Authorized Representative Prefix	First Name		Mi	ddle Name	,	
Last Name	PETER			ffix		
DRINKWATER b. Title						
DIRECTOR OF COUNTY AIRP	ORTS		(6	Telephone Number (119) 956-4839	give área code)	
d. Signature of Authorized Regree	intativa:			Date Signed 01/07/2009		
Previous Edition Usable Authorized for Local Reproduction	,		Vacantini (Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED	1/07/2000	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	1/07/2009 Y STATE	State Application I	dentifier
Application	Pre-application		A BERNAL ASTRON	Federal Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction	٠, امرز			
5. APPLICANT INFORMATION Legal Name:	N		Organizational Unit	1	
COUNTY OF SAN DIEGO			Department:	PUBLIC WORKS	
Omanizational DUNS:			Division:	6	on successive and the successive
00-95810 Address:	646		AIRPORT		to be contacted on matters
Street:	OF ALLEGATION OF THE PARTY OF T	20013 1000	Involving this application	antian false area as	da)
1960 JOE CROSSON DR.	RE(CEIVED	Prefix:	First Name:	₹
City:		7 2000	Middle Name	_	
EL CAJON County:	FEE	0 5 2009	Last Name		
SAN DIEGO			DRINKW	ATER	
State: CA	Zip Code SizozoE C	LEARING HOUSE	Suffix:		SMA. A SECTION
Country: USA			Email: Peter.Drir	nkwater@sdcounty.c	a,gov
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give	area code) Fai	(Number (give area code)
95-600093	4		(619) 956-480	0 (6.	9) 956-4801
8. TYPE OF APPLICATION:		•	7. TYPE OF APPLIC	ANT: (See back of	form for Application Types)
Ø Ne		on 🗌 Revision	В		
f Revision, enter appropriate le See back of form for description	etter(s) in box(es)		Other (specify)		
Gee pack of form for description			Other (Speedily)		
Other (specify)			9, NAME OF FEDER FEDERAL AVIATION	AL AGENCY:	I
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICF NUMBER:	11. DESCRIPTIVE T		
			McCLELLAN-PALO	MAR AIRPORT - Rei	nabilitate Runway 6/24
TITLE (Name of Program):		20-106	Including design to n	econstruct a failing p	evement section approximate
TITLE (Name of Program):	PORT IMPROVEMENT	PROGRAM (AIP)	subsurface base soli		otechnical evaluation of
12. AREAS AFFECTED BY P	ROJECT (Cities, Countie	es. States, etc.):			
CARLSBAD, CA					
13. PROPOSED PROJECT Start Date:	Ending Dale:	-	14. CONGRESSION a. Applicant	AL DISTRICTS OF:	roject
TBD	TBD		52		51
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		VIEW BY STATE EXECUTIVE
a. Federal	5	5 005 000 '	Z Ves IZ THIS PR	EAPPLICATION/AP	PLICATION WAS MADE
b. Applicant	8	5,225,000	AVAILA	BLE TO THE STATE BS FOR REVIEW ON	EXÉCUTIVE ORDER 12372
		275,000			
c. State	6	.00	DATE: 0	11/12/09 Fax (916) 3	23-3018 Sheila Brown
d, Local)	·	b. No. I PROGRA	AM IS NOT COVERE	ED BY E. O. 12372
e. Other	3	.00	OR PRO		EN SELECTED BY STATE
f. Program Income	3	0 .	17. IS THE APPLICA		N ANY FEDERAL DEBT?
g. TOTAL S	3			h	17 7
	OMI EDGE AND DELLE	5,500,000 °	Yes If "Yes" attac		No No
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	CAUTHORIZED BY THE	E GOVERNING BODY OF	PPLICATION/PREAPPL THE APPLICANT AND	THE APPLICANT	E AND CORRECT. THE WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	AWARDED.			
<u>a. Authorized Representative</u> Prefix	First Name		Middle	Name	
	PETER		45-235, 1117 85 0 5-4	L.	
L DET DIGONO		-	Suffix		
DRINKWATER	/ 1	<i>(</i>)			
o. Title	PORTS	<i>-</i> ['		phone Number (glva	arna cade)
DRINKWATER	osentative /	feen.	(619)	ephone Number (glvs) 956-4839 e Signed 01/07/2009	ятя саба)



SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

Grantee Information Workshe Date Submitted May 17, 2007	Applicant Identifier	Type of	Submission
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	☐ Construction	☐ Construction
		Non Construction	☐ Non Construction
Applicant Information			The Mary River of Marines and additional and the Marines and t
City of Madera		CA62166 MADERA	DECEME
205 W. Fourth Street		78772142	HECEIVEL
		Organizational Unit	FED -0 - 2000
Madera	California	Grant Administration	FEB 0 9 2009
93637	Country U.S.A.		
Employer Identification Numb	er (EIN):		STATE CLEARING HOU
946000365			
Applicant Type:	an praise of the common accounting Tales of the common accounting	Specify Other Type if i	necessary:
Local Government: City		Specify Other Type	
		scriptive Title of Applicant P	g and Urban Development roject(s); Areas Affected by
Project(s) (cities, Counties, loca Community Development Blo Administration, Rublic Services	Assistance Numbers; De lities etc.); Estimated Fun ck Grant and Public	scriptive Title of Applicant Plading 14.218 Entitlement Gran Within the city limits of the	roject(s); Areas Affected by at ne City of Madera in Census
Project(s) (cities, Counties, loca Community Development Blo Administration, Public Services Improvements/Capital Projects	Assistance Numbers; De lities etc.); Estimated Fun ck Grant and Public	scriptive Title of Applicant Plading 14.218 Entitlement Gran	roject(s); Areas Affected by at ne City of Madera in Census
Project(s) (cities, Counties, loca Community Development Blo Administration, Public Services Improvements/Capital Projects	Assistance Numbers; De lities etc.); Estimated Fun ck Grant and Public	scriptive Title of Applicant Plading 14.218 Entitlement Gran Within the city limits of the	roject(s); Areas Affected by at ne City of Madera in Census
Project(s) (cities, Counties, loca Community Development Blo Administration, Public Services Improvements/Capital Projects	Assistance Numbers; De lities etc.); Estimated Fun ck Grant and Public	scriptive Title of Applicant Plading 14.218 Entitlement Gran Within the city limits of the	roject(s); Areas Affected by at ne City of Madera in Census
Project(s) (cities, Counties, loca Community Development Blo Administration, Public Services Improvements/Capital Projects \$987,805	Assistance Numbers; De lities etc.); Estimated Fun ck Grant and Public	scriptive Title of Applicant Plading 14.218 Entitlement Gran Within the city limits of the	roject(s); Areas Affected by at ne City of Madera in Census
Project(s) (cities, Counties, loca Community Development Blo Administration, Public Services Improvements/Capital Projects \$987,805	Assistance Numbers; De lities etc.); Estimated Fun ck Grant and Public	scriptive Title of Applicant Plading 14.218 Entitlement Gran Within the city limits of the	roject(s); Areas Affected by at ne City of Madera in Census
Project(s) (cities, Counties, loca Community Development Blo Administration, Public Services Improvements/Capital Projects \$987,805 Locally Leveraged Funds \$44,0	Assistance Numbers; De lities etc.); Estimated Fun ck Grant and Public	scriptive Title of Applicant Plading 14.218 Entitlement Gran Within the city limits of the Tracts 5.02, 6.01, 6.02, 1	roject(s); Areas Affected by at ne City of Madera in Census
Project(s) (cities, Counties, loca Community Development Blo Administration, Rublic Services Improvements/Capital Projects \$987,805 Locally Leveraged Funds \$44,0 Total Funds Leveraged for CDB	Assistance Numbers; De dities etc.); Estimated Fun ck Grant and Public	scriptive Title of Applicant Plading 14.218 Entitlement Gran Within the city limits of the Tracts 5.02, 6.01, 6.02, 1	roject(s); Areas Affected by at ne City of Madera in Census
Project(s) (cities, Counties, loca Community Development Blo Administration, Rublic Services Improvements/Capital Projects \$987,805 Locally Leveraged Funds \$44,0 Total Funds Leveraged for CDB	Assistance Numbers; De dities etc.); Estimated Fun ck Grant and Public	scriptive Title of Applicant Plading 14.218 Entitlement Grant Within the city limits of the Tracts 5,02, 6,01, 6,02, 11,805	roject(s); Areas Affected by at ne City of Madera in Census
Project(s) (cities, Counties, loca Community Development Blo Administration, Public Services Improvements/Capital Projects \$987,805 Locally Leveraged Funds \$44,0 Total Funds Leveraged for CDB	Assistance Numbers; De dities etc.); Estimated Fun ck Grant and Public	scriptive Title of Applicant Plading 14.218 Entitlement Grant Within the city limits of the Tracts 5,02, 6,01, 6,02, 11,805	roject(s); Areas Affected by ot ne City of Madera in Census 3.00 and 9.00.
Project(s) (cities, Counties, loca Community Development Blo Administration, Public Services Improvements/Capital Projects \$987,805 Locally Leveraged Funds \$44,0 Total Funds Leveraged for CDB Home Investment Partnership HOME Project Titles	Assistance Numbers; De dities etc.); Estimated Fun ck Grant and Public 000 8G-based Project(s) \$1,03 9s Program	scriptive Title of Applicant Plading 14.218 Entitlement Grant Within the city limits of the Tracts 5.02, 6.01, 6.02, 101,805 14.239 HOME Description of Areas Affe	roject(s); Areas Affected by the city of Madera in Census 3.00 and 9.00. Dected by HOME Project(s)

\$Anticipated Program Income		Other	r (Describe)
Total Funds Leveraged for HOME-ba	sed Project(s)		
Housing Opportunities for People	with AIDS	14.24	41 HOPWA
HOPWA Project Titles		Desc	cription of Areas Affected by HOPWA Project(s)
\$HOPWA Grant Amount	\$Additional I	HUD Grant((s) Leveraged Describe
\$Additional Federal Funds Leverage	1	\$Add	ditional State Funds Leveraged
\$Locally Leveraged Funds		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	intee Funds Leveraged
\$Anticipated Program Income			ir (Describe)
Total Funds Leveraged for HOPWA-	pased Project(s)		
Emergency Shelter Grants Progra	n		31 ESG
ESG Project Titles	1	Desc	cription of Areas Affected by ESG Project(s)
\$ESG Grant Amount \$A	dditional HUD Gra	ant(s) Lever	eraged Describe
\$Additional Federal Funds Leverage		\$Add	ditional State Funds Leveraged
\$Locally Leveraged Funds		\$Grai	antee Funds Leveraged
\$Anticipated Program Income		Other	er (Describe)
Total Funds Leveraged for ESG-base	ed Project(s)		
Congressional Districts of: Applicant Districts 19 th Proje	ct Districts 19 th	Is applicat	ation subject to review by state Executive Order rocess?
Is the applicant delinquent on any for "Yes" please include an additional of	ederal debt? If locument	Yes	This application was made available to the state EO 12372 process for review on DATE
explaining the situation. X No		X No ☐ N/A	Program is not covered by EO 12372 Program has not been selected by the state for review
Person to be contacted regarding this	s application		
Jorge	Antonio		Rojas
Program Manager - Grants	559-661-3074		559-674-2972 Fax
jrojas@cityofmadera.com	vww.cityofmadera	a.org	
Signature of Authorized Representat	ve	. Are	Date Signed May 17, 2007



SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xIs document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted May 16, 2008	Applicant Identil	ier Ty	pe of Submission
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifie	r Construction	Construction
		☐ Non Construct	ion Non Construction
Applicant Information			And the second s
City of Madera		CA62166 MADER	A RECEIVED
205 W. Fourth Street		78772142	, LOLIVED
		Organizational Un	
Madera	California	Grant Administrati	on , 2003
93637	Country U.S.A.		STATE OF SAME
Employer Identification Numb	er (EIN):		STATE CLEARING HOUSE
946000365			
Applicant Type:		Specify Other Ty	pe if necessary:
Local Government: City		Specify Other Typ	e
Program Funding		н	U.S. Department of ousing and Urban Development
	Assistance Numbe		ant Project(s); Areas Affected by
Project(s) (cities, Counties, loca			
Community Development Blo	ck Grant	14.218 Entitlemen	t Grant
Administration, Public Services	and Public	Within the city limit	s of the City of Madera in Census
Improvements/Capital Projects			6.02, 8.00 and 9.00.
\$957,730 			
Locally Leveraged Funds \$64,5	94 CDBG Unprog	rammed	
Funds	22.000		
CDBG Revolving Loan Funds \$	67,083		
Total Funds Leveraged for CDB	G-based Project(s) \$1,089,407	
Home Investment Partnership	s Program	14.239 HOME	
HOME Project Titles		Description of Area	as Affected by HOME Project(s)
\$HOME Grant Amount	\$Additio	nal HUD Grant(s) Leveraged	Describe
\$Additional Federal Funds Leve	raged	\$Additional State F	unds Leveraged
\$Locally Leveraged Funds		\$Grantee Funds Le	everaged

\$Anticipated Program Income	-	Other	r (Describe)
Total Funds Leveraged for HC	DME-based Project(s)	L	*
Housing Opportunities for P	People with AIDS	14.24	41 HOPWA
HOPWA Project Titles		Desc	cription of Areas Affected by HOPWA Project(s
\$HOPWA Grant Amount	\$Additional	HUD Grant((s) Leveraged Describe
\$Additional Federal Funds Le	veraged	\$Add	ditional State Funds Leveraged
\$Locally Leveraged Funds		\$Grar	intee Funds Leveraged
\$Anticipated Program Income		Other	r (Describe)
Total Funds Leveraged for HC	PWA-based Project(s)		
Emergency Shelter Grants F	rogram	14.23	31 ESG
ESG Project Titles		Desci	cription of Areas Affected by ESG Project(s)
\$ESG Grant Amount	\$Additional HUD Gr	ant(s) Lever	raged Describe
\$Additional Federal Funds Lev	veraged	\$Addi	litional State Funds Leveraged
\$Locally Leveraged Funds		\$Gran	ntee Funds Leveraged
\$Anticipated Program Income		Other	r (Describe)
Total Funds Leveraged for ES	G-based Project(s)		
Congressional Districts of: Applicant Districts 19 th	Project Districts 19 th	Is applicat	ntion subject to review by state Executive Orde
Is the applicant delinquent or "Yes" please include an addi	n any federal debt? If	Yes	This application was made available to the state EO 12372 process for review on DATE
explaining the situation. Yes	X No	X No	Program is not covered by EO 12372 Program has not been selected by the state for review
Person to be contacted regard	ling this application		
Person to be contacted regard	ing this application		
Jorge	Antonio		Rojas
Program Manager - Grants	559-661-3693	_8_	559-674-2972 Fax
jrojas@cityofmadera.com	www.cityofmadera	a.org	
Signature of Authorized Repre	esentative -		Date Signed May 16, 2008

Funding Approval/Agreeme.

Title | of the Housing and Community
Development Act (Public Law 930383)

Date Entered PAS (mm/dd/yyyy)

Date Entered LOCCS (mm/dd/yyyy)

Batch Number

U.S. Department of Housins d Urban Development
Office of Community Planning and Development
Community Development Block Grant Program

HI-00515R of 20515R								
1. Name of Grantee (as shown in item 5 of Standard Form 424)				9-digit Tax ID Number		4. Date use of		y begin
CITY OF MADERA		<u> </u>	94-600			07/01/200		
2. Grantee's Complete Address (as shown in item 5 of Standard Fo	orm 424)		5a. Project/0			6a. Amount A		
205 WEST FOURTH STREET				4C-06-0053		\$957,73		
MADERA, CA 93637			5b. Project/0	erant No. 2		6b. Amount A	rbbroved	
		062166	5c. Project/0	Grant No. 3		6c. Amount A	pproved	
	EC1-E	3-8-09-01						_
Grant Agreement: This Grant Agreement between the De authority of Title I of the Housing and Community Develop HUD regulations at 24 CFR Part 570 (as now in effect at constitute part of the Agreement. Subject to the provisions of execution of the Agreement by the parties. The funding ass 4 above provided the activities to which such costs are relate funding assistance specified here unless they are authorized. The Grantee agrees to assume all of the responsibilities for Secretary pursuant to Section 104(g) of Title I and published sub-recipient entities to which it makes funding assistance in U.S. Department of Housing and Urban Development (By Name) STEVEN B. SACHS	ment Act of 197- nd as may be an of this Grant Agr istance specified are carried out in HUD regula environmental re in 24 CFR Part	4, as amended nended from the eement, HUD in the Funding the compliance tions or appropersions. The Gran St. The Gran existing the Gran ex	, (42 USC 53 ime to time), will make th g Approval n e with all app wed by waive n making, an tee further ac Grantee Nai	01 et seq.). The Gran, and this Funding As a funding assistance shay be used to pay collicable requirements, are and listed in the syd actions, as specified knowledges its respo	tee's sub pproval, specified b sts incum Pre-agre pecial condid and reconsibility f	missions for including ar here available red after the eement costs aditions to the quired in reg	Title I assing special le to the Gradate specific may not be the Funding ulations issue.	istance, the conditions, rantee upon fied in item e paid with g Approval.
Title DIRECTOR, COMMUNITY PLANNING A	ND DEVELO	PMFNT	Title	cy_Administr	oton	Dovid	но т	oolov
Signature 2	Data		Signature	- Administra	acor		Date	onrea_
× ME B. Rush	JUL 3 -	2008	X	J. J.			August	21. 2008
7. Category of Title Assistance for this Funding Action	8. Special Condi	itions		ate HUD Received Sub	mission	10. check on	e · ¯ ¯	,
(check only one)	(check one)			719/2008			ng. Funding)
a. Entitlement, Sec 106(b) b. State-Administered, Sec 106(d)(1)	Attached	l	9b. Da	ate Grantee Notified			proval mendment	
c. HUD-Administered Small Cities, Sec 106(d)(2)(B)	Z Allached			AUG 1 5 200 ate of Start of Program			mendment N	lumber
d. Indian CDBG Programs, Sec 106(a)(1)				7/01/2008	1ear ·			
e. Surplus Urban Renewal Funds, Sec 112(b)	11. Amount of C	ommunity Deve		770172000				
f. Special Purpose Grants, Sec 107	Block Grant	•	лорино	FY (2008)	FY()	FY()
g. Loan Guarantee, Sec 108	a. Funds Re	eserved for this	G intee	\$957,730	ļ.		 	
	b. Funds no	ow being Approv	/e ^{r.} –——	\$957,730			 	
	c. Reservat (11a min	ion to be Cance	ellea	4,01,100	<u> </u>		 -	
12a. Amount of Loan Guarantee Commitment now being Approved			d complete Add	ress of Public Agency				
Loan Guarantee Acceptance Provisions for Designated A								
The public agency hereby accepts the Grant Agreement ex Department of Housing and Urban Development on the ab								
respect to the above grant number(s) as Grantee designar	ted to receive	12c. Name of	Authorized Offi	cial for Designated Pub	lic Agency			
loan guarantee assistance, and agrees to comply with t conditions of the Agreement, applicable regulations	he terms and							
requirements of HUD now or hereafter in effect, pert	aining to the	Title						
assistance provided it.						·		
		Signature						
HUD Accounting use Only								
Batch TAC Program Y A Reg Area Do	cument No. F	Project Number	Categ	ory Amou	nt		fective Date ım/dd/yyyy)	F
								
176	F	roject Number		Amou	nt			
·		Project Number		A =====				
	ΓŤ	roject Number		Amou	<u> </u>			

Entered By

Transaction Code

Verified By



Second Program Year Action Plan

RECEIVED

FEB 0 9 2009

STATE CLEARING HOUSE

The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are prefilled with values from the Grantee Information Worksheet.

May 18, 2006	Applicant Identifier	Type of S	Submission_		
Date Received by state	State Identifier	Application	Pre-application		
Date Received by HUD	Federal Identifier	Construction	Construction		
		☐ Non Construction	☐ Non Construction		
Applicant Informa	ition				
City of Madera		CA62166 MADERA			
205 W. Fourth Street		78772142			
Street Address Line 2		Organizational Unit			
Madera	California	Administration			
93637	Country U.S.A.	Grants Administration			
Employer Identification	Number (EIN):	Madera			
946000365		2005/07	272		
Applicant Type:		Specify Other Type	if necessary:		
Local Government: City		Specify Other Type			
Program Funding		U.S. Department o Housing and Urban Developmen			
Catalogue of Federal Dome Areas Affected by Project(s) (cities, Counties, loca	lities etc.); Estimated Fur	nding		
Community Developn	nent Block Grant	14.218 Entitlement	Grant		
Administration, Public Ser Improvements/Capital Pro		Within the city limits on Census Tracts 5.02, 6. 9.00.			
\$ 986,261	\$	Descri	Describe		
\$Additional Federal Funds	Leveraged	\$Additional State Funds Leveraged			
\$Locally Leveraged Funds		\$Grantee Funds Leveraged			
\$	/	Other (Describe)			
Total Funds Leveraged for	CDBG-based Project(s)	\$986,261			

Home Investment Partnerships Program			14.2	14.239 HOME		
				Description of Areas Affected by HOME Project(s)		
\$HOME Grant Amount		ditional H eraged	UD Gra	nt(s)	Describe	
\$Additional Federal Funds	Leveraged		\$Add	ditional St	ate Funds Leveraged	
\$Locally Leveraged Funds			\$Gra	antee Fund	ls Leveraged	
\$Anticipated Program Inco	me		Othe	r (Describe)	
Total Funds Leveraged f	or HOME-bas	ed Proje	ct(s)			
Housing Opportunitie	s for People	with	14.2	241 HOPW	Ą	
HOPWA Project Titles				cription of ect(s)	Areas Affected by HOPWA	
\$HOPWA Grant Amount		ditional H eraged	UD Gra	nt(s)	Describe	
\$Additional Federal Funds	Leveraged		\$Add	\$Additional State Funds Leveraged		
\$Locally Leveraged Funds			\$Gra	\$Grantee Funds Leveraged		
\$Anticipated Program Inco	me		Othe	Other (Describe)		
Total Funds Leveraged for	HOPWA-based	Project(s	5)			
Emergency Shelter G	ants Progra	m	14.2	31 ESG		
ESG Project Titles				Description of Areas Affected by ESG Project(s)		
\$ESG Grant Amount	\$Additional	HUD Gra			Describe	
\$Additional Federal Funds	Leveraged		\$Add	\$Additional State Funds Leveraged		
\$Locally Leveraged Funds			\$Gra	\$Grantee Funds Leveraged		
\$Anticipated Program Inco	me		Other (Describe)			
Total Funds Leveraged for	ESG-based Pro	oject(s)				
Congressional Districts of	:	Is	s applic	ation subje	ct to review by state	
Applicant Districts 19th	Project District 19th				372 Process?	
Is the applicant delinquer debt? If "Yes" please includocument explaining the	ide an additior	nal	Yes	the state on DATE	cation was made available to EO 12372 process for review	
Yes	⊠ No		No N/A		s not covered by EO 12372 has not been selected by the review	

APPLICATION FOR							Version 7/03	
FEDERAL ASSISTANC	E		2. DATE SUBMITTED		A	pplicant iden	difier	
1. TYPE OF SUBMISSION: Application	Pre-applica	ation	3. DATE RECEIVED BY	Y STÂTE	5042		ion Identifier	
Construction	Constru	ction	4. DATE RECEIVED B	Y FEDERAL AG	ENCY F	deral identif	fier	
Non-Construction 5. APPLICANT INFORMATION	Non-Co	etruction						
Legal Name:				Organizationa	al Unit:			
FRESNO AREA HISPANIC	FOUNDATIO	NC		Department:				
Organizational DUNS: 068011449	ĺ	BE	CEIVED	Division: N/A	_			
Address:		HE	CEIVLD.	Name and tel	ephone nu	mbor of pe	rson to be contacted on matters	
Street: 1444 FULTON ST.		FE	B 0 9 2009	Prefix:	FI	n (give area rst Name: ORA	(COGO)	
City: FRESNO		OTATE.	CI EARING HOUSE	Adjudula Blanca		-		
County: FRESNO		SIATE	CH CATTURES THE PROPERTY OF TH	Last Warre	RLUND	-		
State: CALIFORNIA	Zip Code 93721	1.4		Suffix:				
Country:	93/21			Email:	-			
8. EMPLOYER IDENTIFICATION	N NIMAER	(EIA/I)		Phone Numbe		m/a)	Fax Number (give area code)	
7 5 = 3 1 2 9 7 0 5		<i></i>		(559) 222		,	(559) 222-8706	
B. TYPE OF APPLICATION:						(See back	of form for Application Types)	
R Ne	w 1.º c	ontinuation	Revision	1	erani ma			
If Revision, enter appropriate let (See back of form for description	ter(s) in box(e n of letters.)	:6)	Ŧ	Other (specify)	BUILDING RENOVATION AND UPGRADE Other (specify)			
Other (specify)				9. NAME OF F	9. NAME OF FEDERAL AGENCY: ECONOMIC DEVELOPMENT ADMINISTRATION			
10. CATALOG OF FEDERAL I	DOMESTIC A	SSISTANCI	E NUMBER:				ANT'S PROJECT:	
TITLE (Name of Program): PUBLIC WORKS AND ECONO 12. AREAS AFFECYED BY PR CITY and COUNTY of FRESNO	OJECT (Citie			FRESNO ARI		NIC FOUND	ATION - BUILDING RENOVATION	
13. PROPOSED PROJECT				14. CONGRES				
Start Date: JAN 15, 2009	Ending Da	ate: 15, 2009		a. Applicant JIM COSTA			b. Project JIM COSTA	
16. ESTIMATED FUNDING:				16. IS APPLIC			REVIEW BY STATE EXECUTIVE	
a. Federal S			1,429,750	a Yes X Th	IS PRE	PPLICATIO	N/APPLICATION WAS MADE	
b. Applicant \$			2,600,000	– AV	/AILABLE ROCESS F	TO THE ST. OR REVIEW	ATE EXECUTIVE ORDER 12372	
c. State \$					ATE:			
d. Local \$				b. No. F. PR	ROGRAM I	S NOT COV	ERED BY E. O. 12372	
e. Other \$		•	·		R PROGRA	M HAS NO	T BEEN SELECTED BY STATE	
f. Program Income \$				FC	R REVIEW	V	T ON ANY FEDERAL DEBT?	
g. TOTAL \$			4,029,750	Yes If Yes	s" attach ar	explanation	n. 🗷 No	
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF a. Authorized Representative	Y AUTHORIZ	ED BY THE	EF, ALL DATA IN THIS GOVERNING BODY (APPLICATION/ OF THE APPLICA	PREAPPL ANT AND	THE APPLI	RE TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE	
Prefixs	First Name	3	_		Middle Na	me		
Last Name	1 - 21 41				Suffix			
b. Title	SUMME AFE						(give area code)	
PRESIDENT & CHIEF EXEC d. Signature of Authorized Fleph	senietive)	-O. C.	/		e. Date Si	222-8705 ned		
Previous Edition Usable	JELL	ll >	<u> </u>		.SEP	EMBER	, 2008 Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	on		-				Prescribed by OMB Circular A-102	

Feb. 09 2009 04:23PM OMB Approval No. 0348-0043 Applicant Identifier APPLICATION FOR FEDERAL ASSISTANCE 2. Date Submitted 3. Date Rec'd by State State Application Identifier 1. Type of Submission: Application Preapplication Federal Identifier Date Rec'd by Federal Construction Construction X Nonconstruction Nonconstruction Organizational Unit: 5. Applicant Information: Logal Name and Address: Division of Financial Assistance Name and telephone of person to be contacted on matters (give city, county, state, and zip code) State Water Resources Contal Antian CLEARING HC involving this application (give area code): 1001 I Street, Sacramento County-Barbara Evoy (916) 341-5632 Sacramento, California 95814 6. Employer Identification Number (EIN): 68--0281986 7. Type of Applicant: (enter appropriate letter) __A H. Independent School District A. State B. County I. State Institute of Higher Learning. DUNS Number: 808321913 . J. Private University C. Municipal 8. Type of Application: __ Continuation X New ___ Revision D. Township K. Indian Tribe E. Interstate L. Individual If Revision, enter appropriate letter(s): F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (specify) D. Decrease Duration Other (specify) 9. Name of Federal Agency: 10. Catalog of Federal Domestic Assistance Number U. S. Environmental Protection Agency 66.458 Title: Capitalization Grants for Clean Water 11. Descriptive Title of Applicant's Project: State Revolving Fund Provide low-interest financing for publicly owned treatment facilities, 12. Area Affected by Project: implementation of a Non-point projects, programs, and development (cities, counties, states, etc.) and execution of estuary comprehensive conservation and management California plans. The economic recovery funds are available for these projects. 13. Proposed Project: 14. Congressional District of: Start Date End Date 2/1/2009 2/28/2014 Applicant: California - All 15. ESTIMATED FUNDING: 16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. Federal \$423,000,000 X_ This application/preapplication was made a. YES: b. Applicant 02 available to the State EO 12372 process for c. State \$0 review on: d. Local \$0 Date: February 9, 2009 c. Other . \$0 h. NO: Program is not covered by EO # 12372 f. Program Income \$0 Program has not been selected by the state for review. g. TOTAL \$423,000,000 17. Is the applicant delinquent on any Federal debt? YES, attach explanation __X __NO. -18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IC AWADDED

N WARDED.		
Typed Name of Authorized Representative Dorothy Rice	b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: 2/13/2009

					Cartified current 5/10/67
APPLICATION FO	OR .	2. DATE SUBMITTED	0.0000	Applicant Identifie	r
FEDERAL ASSIST	TANCE	Februar	y 6, 2009		
1. TYPE OF SUBMISSIO		3. DATE RECEIVED BY STAT	ΓE	State Application	dentifier
Application	B 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
☐ Construction ☐ Non-Construction	Preapplication Construction	4. DATE RECEIVED BY FEDE	RAL AGENCY	Federal Identifier	
M Mon-construction	☐ Non-Construction	n			
5. APPLICANT INFO	RMATION				
Legal Name:			Organizational	Unit:	
County of Kern, (California		Department: De	epartment of Airp	orts
		the Campanian and appear the Alexandra and the sale of the and desired and a sale of the s		· ·	***************************************
Organizational DUNS: 94	4-916-9015	RECEIVED	Division:		
Address:		PL CILINAL	Name and talen	hone number of nere	on to be contrated on
	Cuita 200	=== 0 0 0000		none number of pers ng this application (g	on to be contacted on
Street: 3701 Wings Wa	ay, Suite 300	FEB 0 9 2009	matters involvin	ig this application (g	
			Prefix: Mr	First Name: Ma	atthew
au Bulandeld		STATE CLEARING HOU	\$E.I		
City: Bakersfield		STATE OLEMINICATION	Middle Name: L)	
County: Kern			Last Name: Ma	266	-
County. Rem			Last Name. IVI	1433	
State: CA	Zip Code:	93308	Suffix:		
Country : USA			Email: maassm(@co.kern.ca.us	
6. EMPLOYER IDENTIFIC	ATION NUMBER /E/M/	The second secon	Phone number (give	aroa codo):	FAX number (give area code):
				391-1800	(661) 391-1801
8. TYPE OF APPLICATION	ON:		7. TYPE OF AP	PLICANT: (See back	DE Apramorypes)
New	Continuation	Revision	В	111	-OLIVLD
ZZ INEW	Continuation		Other (specify):		TD 0 0 0000
If Revision, enter appropri				1 1	EB 0 9 2009
(See back of form for desc	cription of letters)				
Other (specify)				STATE	CLEARING HOUSE
			9. NAME OF FE	DERAL AGENCY	
			Federal Avia	tion Administrati	on
10. CATALOG OF FE	DERAL DOMESTIC ASS	STANCE NUMBER	11. DESCRIPTI	VE TITLE OF APPLIC	ANT'S PROJECT:
	2 (1 0 6	Airport Feas	ibility Study for T	aft Airport:
TITI C.			o see post of a second		
TITLE:					
12. AREAS AFFECT	ED BY PROJECT (cities, co	unties, states, etc.):	7		
	County, California,				
13. PROPOSED PRO			14. CONGRESS	SIONAL DISTRICTS O	ı E
Start Date	DJECT				
		Ending Date	a. Applicant		b. Project
2/24/09		Ending Date 10/01/09	a. Applicant 22		
2/24/09 15. ESTIMATED FUN	9		22	ATION SUBJECT TO F	b. Project 22
	9	10/01/09	16. IS APPLICA		b. Project 22 REVIEW BY STATE
	9	10/01/09	16. IS APPLICA EXECUTIVE OR a. Yes. THIS	ATION SUBJECT TO F DER 12372 PROCES S PREAPPLICATION/APF	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE
a. Federal	DING	10/01/09 120,190 .00	16. IS APPLICA EXECUTIVE OR a. Yes. THIS	ATION SUBJECT TO F RDER 12372 PROCES S PREAPPLICATION/APF ALLABLE TO THE STATE	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372
15. ESTIMATED FUN	DING	10/01/09	16. IS APPLICA EXECUTIVE OR a. Yes. THIS	ATION SUBJECT TO F DER 12372 PROCES S PREAPPLICATION/APF	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372
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a. Federal b. Applicant c. State	DING \$ \$	10/01/09 120,190 .00 6,326 .00	16. IS APPLICA EXECUTIVE OR a. Yes. AVA PRO	ATION SUBJECT TO F DER 12372 PROCES S PREAPPLICATION/APF NILABLE TO THE STATE DCESS FOR REVIEW ON TE: February 6, 20	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372
a. Federal b. Applicant	DING \$	10/01/09 120,190 .00 6,326 .00	22 16. IS APPLICA EXECUTIVE OR a. Yes. AVA PRO DAT	ATION SUBJECT TO R IDER 12372 PROCES S PREAPPLICATION/APP AILABLE TO THE STATE DCESS FOR REVIEW ON	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372
a. Federal b. Applicant c. State	DING \$ \$	10/01/09 120,190 .00 6,326 .00	22 16. IS APPLICA EXECUTIVE OR a. Yes.	ATION SUBJECT TO F DER 12372 PROCES: S PREAPPLICATION/APF AILABLE TO THE STATE DCESS FOR REVIEW ON TE: February 6, 20 DGRAM IS NOT COVERE	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372
a. Federal b. Applicant c. State d. Local e. Other	DING \$ \$ \$ \$ \$	10/01/09 120,190 6,326 .00 .00 .00	22 16. IS APPLICA EXECUTIVE OR a. Yes. AVA PRO DAT b. No. PRO OR REV	ATION SUBJECT TO FINDER 12372 PROCESSIS PREAPPLICATION/APPLICATION	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372 09 D BY E. O. 12372 EN SELECTED BY STATE FOR
a. Federal b. Applicant c. State d. Local	DING \$ \$ \$	10/01/09 120,190 .00 6,326 .00 .00	22 16. IS APPLICA EXECUTIVE OR a. Yes. AVA PRO DAT b. No. PRO OR REV	ATION SUBJECT TO FINDER 12372 PROCESSIS PREAPPLICATION/APPLICATION	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372 09 D BY E. O. 12372
a. Federal b. Applicant c. State d. Local e. Other f. Program income	DING \$ \$ \$ \$ \$ \$ \$ \$	10/01/09 120,190 6,326 .00 .00 .00	22 16. IS APPLICA EXECUTIVE OR a. Yes. AVA PRO DAT b. No. PRO OR REV	ATION SUBJECT TO FINDER 12372 PROCESS PREAPPLICATION/APPINEABLE TO THE STATE DOCESS FOR REVIEW ON THE: February 6, 20 DOGRAM IS NOT COVERE PROGRAM HAS NOT BEVIEW ICANT DELINQUENT OF THE PROCESS FOR THE PROGRAM HAS NOT BETTE PROGRAM HAS NOT BE	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372 09 D BY E. O. 12372 EN SELECTED BY STATE FOR IN ANY FEDERAL DEBT?
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a. Federal b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18. TO THE BEST O	DING \$ \$ \$ \$ \$ \$ \$ F MY KNOWLEDGE AND	10/01/09 120,190 6,326 .00 .00 .00 .00 126,516 BELIEF, ALL DATA IN THIS A	22 16. IS APPLICA EXECUTIVE OR a. Yes. A THIS AVA PRO DAT b. No. PRO OR REV 17. IS THE APPL Yes If "Yes" at APPLICATION/PRE	ATION SUBJECT TO FEDER 12372 PROCESS PREAPPLICATION/APPILLABLE TO THE STATE DOCESS FOR REVIEW ON THE FEDERAL HAS NOT BE PROGRAM HAS NOT BE VIEW ICANT DELINQUENT OF THE PROGRAM HAS NOT BE TO THE PROGRA	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372 09 D BY E. O. 12372 EN SELECTED BY STATE FOR IN ANY FEDERAL DEBT? No IRUE AND CORRECT, THE
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a. Federal b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18. TO THE BEST OF DOCUMENT HAS BE ATTACHED ASSURA a. Authorized Representa	DING \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ F MY KNOWLEDGE AND EN DULY AUTHORIZED NCES IF THE ASSISTAN attive	10/01/09 120,190 6,326 .00 .00 .00 .00 126,516 BELIEF, ALL DATA IN THIS A BY THE GOVERNING BODY O CE IS AWARDED.	22 16. IS APPLICA EXECUTIVE OR a. Yes. A THIS AVA PRO DAT b. No. PRO OR REV 17. IS THE APPL Yes If "Yes" at APPLICATION/PRE	ATION SUBJECT TO REPORT 12372 PROCESS PREAPPLICATION/APPILE TO THE STATE DOCESS FOR REVIEW ON THE FEBRUARY 6, 20 DOGRAM IS NOT COVERED PROGRAM HAS NOT BEVIEW ICANT DELINQUENT CONTRACT TAND THE APPLICA	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372 09 D BY E. O. 12372 EN SELECTED BY STATE FOR IN ANY FEDERAL DEBT? No IRUE AND CORRECT, THE
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a. Federal b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18. TO THE BEST OF COUMENT HAS BE ATTACHED ASSURA a. Authorized Representa Prefix Mr Last Name Maass	DING \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ F MY KNOWLEDGE AND EN DULY AUTHORIZED NCES IF THE ASSISTANATIVE First Name N	10/01/09 120,190 6,326 .00 .00 .00 .00 126,516 BELIEF, ALL DATA IN THIS A BY THE GOVERNING BODY O CE IS AWARDED.	22 16. IS APPLICA EXECUTIVE OR a. Yes. A THIS AVA PRO DAT b. No. PRO OR REV 17. IS THE APPL Yes If "Yes" at APPLICATION/PRE	ATION SUBJECT TO FEDER 12372 PROCESS PREAPPLICATION/APPAILABLE TO THE STATE DOCESS FOR REVIEW ON THE PROGRAM IS NOT COVERED PROGRAM HAS NOT BE VIEW ICANT DELINQUENT OF THE APPLICATION ARE TO THE APPLICATION THE APPLICATION THE APPLICATION SURFIX	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372 09 D BY E. O. 12372 EN SELECTED BY STATE FOR IN ANY FEDERAL DEBT? NO TRUE AND CORRECT, THE NT WILL COMPLY WITH THE
a. Federal b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18. TO THE BEST OF DOCUMENT HAS BE ATTACHED ASSURA a. Authorized Representa	DING \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ F MY KNOWLEDGE AND EN DULY AUTHORIZED NCES IF THE ASSISTANATIVE First Name N	10/01/09 120,190 6,326 .00 .00 .00 .00 126,516 BELIEF, ALL DATA IN THIS A BY THE GOVERNING BODY O CE IS AWARDED.	22 16. IS APPLICA EXECUTIVE OR a. Yes. A THIS AVA PRO DAT b. No. PRO OR REV 17. IS THE APPL Yes If "Yes" at APPLICATION/PRE	TION SUBJECT TO FEDER 12372 PROCESS PREAPPLICATION/APPLICATION/APPLICAS PREAPPLICATION/APPLICAS FOR REVIEW ON THE FEDERAL STATE OF THE	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372 09 D BY E. O. 12372 EN SELECTED BY STATE FOR IN ANY FEDERAL DEBT? NO TRUE AND CORRECT, THE NT WILL COMPLY WITH THE
a. Federal b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18. TO THE BEST OF DOCUMENT HAS BE ATTACHED ASSURA a. Authorized Representa Prefix Mr Last Name Maass b. Title Deputy Directory	DING \$ \$ \$ \$ \$ \$ \$ \$ \$ FMY KNOWLEDGE AND EN DULY AUTHORIZED NCES IF THE ASSISTAN ative First Name Note: **Tector** **Tecto	10/01/09 120,190 6,326 .00 .00 .00 .00 126,516 BELIEF, ALL DATA IN THIS A BY THE GOVERNING BODY O CE IS AWARDED.	22 16. IS APPLICA EXECUTIVE OR a. Yes. A THIS AVA PRO DAT b. No. PRO OR REV 17. IS THE APPL Yes If "Yes" at APPLICATION/PRE	ATION SUBJECT TO FEDER 12372 PROCESS PREAPPLICATION/APPLICATION/APPLICAS PROCESS FOR REVIEW ON THE STATE OCCESS FOR REVIEW ON THE SECOND PROGRAM HAS NOT BE VIEW ICANT DELINQUENT OF THE APPLICA MIDDER 1 AND THE APPLICA MIDDER 1 Suffix C. Telephone numbe (661) 391-1800	b. Project 22 REVIEW BY STATE S PLICATION WAS MADE EXECUTIVE ORDER 12372 09 D BY E. O. 12372 EN SELECTED BY STATE FOR IN ANY FEDERAL DEBT? NO TRUE AND CORRECT, THE NT WILL COMPLY WITH THE r (give area code)
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Application for Federal Assistar	nce SF-424			Version	02
* 1. Type of Submission: Preapplication Application Changed/Corrected Application	X New	If Revision, select appropriate of the order (Specify)	iate letter(s):		
* 3. Date Received: Completed by Grants.gov upon submission.	Applicant Identifier:			RECEIVED	
5a. Federal Entity Identifier:		* 5b. Federal Award Ide	entifier:	FEB 0 9 2009	
State Use Only:			STANDARD SHAPE OF THE THE STANDARD STANDARDS	STATE CLEARING HOUSE	
6, Date Received by State:	7. State Application le	dentifier:	11 11 11 11 11 11 11 11 11 11 11 11 11	THE PLANT AND THE THE PROPERTY AND THE P	
8. APPLICANT INFORMATION:		*			
*a. Legal Name: National Farm Wo	orkers Service Center,	, Inc.			
* b. Employer/Taxpayer Identification Numl 95-24667747	ber (EIN/TIN):	* c. Organizational DUN 0741296851602	NS:		
d. Address:		I			
Street2: * City: Los Angeles County:	Street, Suite 400				1
* State:		CA: Californ	ia		}:
* Country: * Zip / Postal Code: 90014	14. 3.11	USA: UNITED ST	ATES]
e. Organizational Unit:					
Department Name:		Division Name:			
f. Name and contact information of per	rson to be contacted on ma	tters involving this app	olication:		
Prefix: Ms. Middle Name: Vanessa * Last Name: Santana Suffix:	* First Name:	Sandra			
Title: Project Manager					
Organizational Affiliation:					
* Telephone Number: (213) 362-026	0 Ext. 258	Fax Number	(213) 362-02	65	
* Email: ssantana@nfwsc.org					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number: FR-5218-N-01	
* Title:	
Section 202 Demonstration Pre-Development Grant Program	
13. Competition Identification Number:	
S202-DEMO	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project: HUD 202 Capital Advance Grant to develop 49 units of new construction for seniors. The units will	
be located at 1655 E. California Avenue, Bakersfield, California 93307.	
Attach supporting documents as specified in agency instructions.	D 46 - 16 - 16 - 16 - 16 - 16 - 16 - 16 -
Add Attachments Delete Attachments View Attachments	
AND ARROTHMENTS AND ARROTHMENTS AND ARROTHMENTS AND ARROTHMENTS	

Application	for Federal Assistance	e SF-424	9.2			Version 02	
16. Congress	onal Districts Of:						
* a. Applicant	CA-022		* b.	Program/Project	CA-020		
Attach an addit	ional list of Program/Project C	Congressional Districts if neede	ed.				
		Add Attachment	dete Attachment	Vew Altachn	ient :		
17. Proposed	Project:						
* a. Start Date:	04/25/2010			* b. End Date:	04/25/2011		
18. Estimated	Funding (\$):						
* a. Federal		7,460,100.00		4			
* b. Applicant		10,000.00					
* c. State		0.00					
* d. Local		0.00					
* e. Other		0.00					
* f. Program In	come	0.00					
* g. TOTAL		7,470,100.00					
x a. This ap	plication was made availab	y State Under Executive Order to the State under the Executive that some selected by 372.	ecutive Order 12372	2 Process for rev	iew on 02/03/2009		
* 20. Is the Ap	plicant Delinquent On Any	Federal Debt? (If "Yes", pr	ovide explanation.)			
Yes	X No □	Explanation					
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)							
** The list of c specific instruct		or an internet site where yo	u may obtain this lis	et, is contained in	the announcement or agency		
Authorized Re	presentative:						
Prefix	Ms.	* First Name:	Sandra				
Middle Name:	Vanessa						
* Last Name:	Santana						
Suffix:							
* Title P	oject Manager					3.00	
* Telephone Nu	mber: (213) 362-0260	Ext. 258	Fax Num	ber: (213) 362	-0265		
* Email: ssan	tana@nfwsc.org						
* Signature of A	uthorized Representative:	Completed by Grants gov upon subr	mission. * Date \$	Signed: Complete	ed by Grants.gov upon submission.		

APPLICATION FOR	_	A DATE SUBMITER			IAP-	200 300	sion 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED				nt Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B				plication Identifier	
Construction	Construction Non-Construction	4. DATE RECEIVED BY	2009 2009	AL AGENCY	Federal I	dentifier	
5. APPLICANT INFORMATION	TT Nou-countingion				1 1		_
Legal Name:	****		-	zational Unit			
Surprise Valley Joint Unified Sc	hool District		Departr	ment:			
Organizational DUNS: 100140672			Division			/	
Address: Street:				and telephon ng this applic		of person to be contacted on r	natters
470 Lincoln Street			Prefix:		First Nan		
P.O. Box 100			Mrs. Middle	Name	Robin	RECEIVED	+
City: Cedarville			Leigh			I I less to level Y born had	
County: Modoc			Last Na Teusch	er er		FEB 1 0 2009	
State: CA	Zlo Code 96104		Suffix				
Country: USA			Email:	u@hdo.net		STATE CLEARING HOUS	E
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			Number (give i	area code)	Fax Number (give area cod	₽)
01-0560287	7		(530) 2	79-6141 #21		(530) 279-2210	
8. TYPE OF APPLICATION:			7. TYPI	E OF APPLIC	ANT: (Sec	e back of form for Application Typ	pes)
₩ Nen		n 🔲 Revision	N				
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	_	Other (s	pecify)			
,			School	District			
Other (specify)			USDA -	E OF FEDER - RD	AL AGEN	CY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DES	CRIPTIVE T	ITLE OF A	PPLICANT'S PROJECT:	
TITLE (Name of Program): Community Facility Grant Progr	am	10-766	Child C	Care Facility			
12. AREAS AFFECTED BY PR							
Service area of Surprise Valley	Joint Unified School Dist	trict					
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Appli	NGRESSION/	AL DISTRI	CTS OF:	
6-1-09	09-01-09 Construction	on Phase	District	4		District 4	
15. ESTIMATED FUNDING:				12372 PROC	ESS?	T TO REVIEW BY STATE EXEC	
a. Federal \$		50,000	a, Yes.	THIS PR	EAPPLICA	TION/APPLICATION WAS MAD E STATE EXECUTIVE ORDER	E 12372
b. Applicant \$		25,307	7		S FOR RE		120.2
c. State \$		17,300		DATE:			
d. Local S		- Du	b. No.	PROGRA	M IS NOT	COVERED BY E. O. 12372	
e. Other \$, , , , , , , , , , , , , , , , , , , ,	10,000	1			S NOT BEEN SELECTED BY ST	TATE
f. Program Income \$, ox	17. IS T	HE APPLICA	NT DELIN	QUENT ON ANY FEDERAL DE	BT?
g. TOTAL \$		102,607	☐ ☐ Yes	If "Yee" attact	h an explan	nation.	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS AP	PLICATIO	N/PREAPPLI	CATION A	RETRUE AND CORRECT TH	E
a. Authorized Representative Prefix	First Name			Maladio	Name		
Prefix Mr.	First Name Donald			Middle M	- INBINO		
Last Name Demahar b. Title				Suffix			war are and
SuperIntendnet		1			phone Nur 279-6141	mber (give area code)	
d. Signature of Authorized Repre	sentative				Signed		
Previous Edition Usable Authorized for Local Reproduction	in			1-20-0		Standard Form 424 (Rev	
						Prescribed by OMB Circul	HT A-102

APPLICATION FOR		-	DATE OUDANITED			Version 7/03
FEDERAL ASSISTANCE			2. DATE SUBMITTED January 27, 2009		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3	B. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	, 7	I. DATE RECEIVED BY	FEDERAL AG	ENCY Federal Identi	fier
Non-Construction	Non-Construc				_	
5. APPLICANT INFORMATION Legal Name:				Organization	al IInit:	
				Department:		
City of Watsonville	The Mark the constant	Water State of the		Airp Division:	orts	
Organizational DUNS: 030414994		REC	EIVED			
Address: Street:		B Riskers State	Brands P Branca Land		lephone number of pe s application (give are	rson to be contacted on matters
100 Aviation Way		FEB	1 0 2009	Prefix:	First Name:	u 0000)
City:				Mr. Middle Name	Donald	
Watsonville	STA	TE CLE	ARING HOUSE	E		
County: Santa Cruz	Walk Live and Street	ORICHARIO LA PORTO	Total Control of the	Last Name French		
State: California	Zip Code 95076			Suffix:		
Country: USA				Email:	@ci.watsonville.ca.us	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN)):		Phone Number	er (give area code)	Fax Number (give area code)
94-6000451				(831) 728-607	.	(831) 763-4058
8. TYPE OF APPLICATION:				7. TYPE OF A	APPLICANT: (See bac	k of form for Application Types)
☑ New		nuation	☐ Revision	C. Municipal		
If Revision, enter appropriate lette (See back of form for description	of letters.)	7		Other (specify))	
Other (specify)	L	_			FEDERAL AGENCY: viation Administration	
10. CATALOG OF FEDERAL D	OMESTIC ASSIS	STANCE	NUMBER:	11. DESCRIP	TIVE TITLE OF APPLI	CANT'S PROJECT:
20-106 TITLE (Name of Program): Airport Improvement Program				Watsonville Municipal Airport, Watsonville, Santa Cruz County, California Engineering Design Projects Pavement Evaluation Study and Pavement Management Plan		
12. AREAS AFFECTED BY PRO	OJECT (Cities, Co	ounties,	States, etc.):	1 4701110.	it availation orday and	Tavomone Managomone Flan
City of Watsonville, California						
13. PROPOSED PROJECT Start Date:	Ending Date:			a. Applicant	SSIONAL DISTRICTS	OF: b. Project
2009	2009				17	17
15. ESTIMATED FUNDING:			00	ORDER 12372	PROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$		*	190,000	a. Yes. 🛭 🕺	HIS PREAPPLICATION VAILABLE TO THE ST.	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$			5,250		ROCESS FOR REVIEW	
c. State \$			4,750	D	ATE: February 3, 2009	
d. Local \$. 00	b. No. 🔲 P	ROGRAM IS NOT COV	'ERED BY E. O. 12372
e. Other \$.00		R PROGRAM HAS NO OR REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$			•	17. IS THE A	PPLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$			200,000	Yes If "Yes	s" attach an explanatior	ı. 🛮 🗗 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY	Y THE G	OVERNING BODY OF			
a. Authorized Representative	First Name				Middle Name	
Prefix Mr.	Donald				E	
Last Name French					Suffix	
b. Title Airport Manager					c. Telephone Number (831) 728-6075	(give area code)
d. Signature of Authorized Repre	sentative	^	TP		e. Date Signed	22-001-09
<u>.</u>		0 \	\sim			CZ-04-01

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APPLICATION FOR					Version 7/0	
FEDERAL ASSISTANCE	Ξ	2. DATE SUBMITTED		Applicant Identifier OXR 09-2		
1. TYPE OF SUBMISSION:		February 3, 2009 3. DATE RECEIVED	BY STATE	State Applica	tion Identifier	
Application	Pre-application	4 DATE DECEIVED	BY FEDERAL AGENO	ICY Federal Identifier		
☐ Construction	☐ Construction	4. DATE RECEIVED	DI FEDERAL AGENC			
Non-Construction	Non-Construction			NPIAS 3-06-	0179-029-2009	
5. APPLICANT INFORMATION Legal Name:			Organizational U	nit:		
			Department:			
County of Ventura			Department of Air	ports		
Organizational DUNS: 129771036			Division:			
Address:	DECE	=IV/FD			erson to be contacted on matters	
Street: 555 Airport Way, Suite B	HEUL	_1 /	Prefix:	plication (give are First Name:	ea code)	
		0 2009	Mr.	Todd		
City: Camarillo	FED I	0 20	Middle Name			
County: Venutra	STATE CLE	ARING HOUSE	Last Name McNamee			
State: CA	Zip Code 93010		Suffix:			
Country: USA			Email: todd.mcnamee@	ventrua.org		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	and the second s	Phone Number (g		Fax Number (give area code)	
95-6000944			(805) 388-4200		(805) 388-4366	
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See bad	ck of form for Application Types)	
V Ne	w Continuatio	n Revision				
If Revision, enter appropriate let	ter(s) in box(es)					
(See back of form for description	of letters.)		Other (specify)			
Other (specify)		ш		ERAL AGENCY:	stern Pacific Region	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:			ICANT'S PROJECT:	
			Environmental Pl	anning for the follo	wing projects:	
TITLE (Name of Program):		2 0 - 1 0 6	Relocate Displ	aced Threshold on	Runway 25.	
Airport Improvement Program					acres of property on the east side. es of property on the north side.	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	i dichase of a	proximatery 5 acre	es of property of the north side.	
Ventura County						
13. PROPOSED PROJECT				ONAL DISTRICTS		
Start Date: July 2009	Ending Date: July 2011		a. Applicant 23 & 24		b. Project 24	
15. ESTIMATED FUNDING:	July 2011	28	The second secon	ION SUBJECT TO	REVIEW BY STATE EXECUTIVE	
TO HELDER STREET, THE CONTROL CONTROL WITH A STREET HOUSE COLORS TO CONTROL OF		00	ORDER 12372 PF	OCESS?	STATE SANCOL AS ON THE SHIPTERWAY PROPERTY OF THE STA	
a. Federal \$		250,000			N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372	
b. Applicant \$		10.450		CESS FOR REVIE		
c. State \$		13,158	DATE	: February 3, 200	9, FAX'ed to (916) 323-3018	
d. Local \$.00	b. No. PRO	GRAM IS NOT CO	VERED BY E. O. 12372	
e. Other \$	V. 1100.00.00	.00		ROGRAM HAS NO	OT BEEN SELECTED BY STATE	
f. Program Income \$		00		REVIEW ICANT DELINQUE	ENT ON ANY FEDERAL DEBT?	
g. TOTAL \$		00			IT2)	
		263,158		tach an explanatio		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY (
a. Authorized Representative	First Name		Ta at	Idia Ne		
Prefix Mr.	First Name Todd		IVII	ddle Name		
Last Name McNamee			Su	ffix		
b. Title Director of Airports	1 men			Telephone Number 05) 388-4200	(give area code)	
d. Signature of Authorized Repre	esentative	The state of the s	e.	Date Signed		
			Fe	bruary 3, 2009		

Application (for Federal Assista	nce SI	-424			1	Version 02
* 1. Type of Subr Preapplication Application Changed/C	tion	X N	ew		ovision, select appropriat	le letter(s):	
* 3. Date Receive Completed by Great	ad: Is.gov upon autimisainn	4. Appl	cant Identifier:				
5a. Federal Entity	y Identifler:	-		7.5	b. Federal Award Ident	fifier:	
State Use Only:	:						- RECEIVED
6. Date Received	1 by State:		7. State Application	denti	fier:		FEB 1 3 2009
8. APPLICANT I	INFORMATION:						STATE CLEARING HOUSE
" a. Legal Name:	Dominican Unive	rsity	of California		. 10 11		organisation of the state of th
b. Employer/Tat 94-1156525	xpayer identification Nun	nber (Ell	N/TIN):	I	Organizational DUNS	:	
d. Address:				i s recon			
* Street1: Street2: * City:	50 Adapta Avoi	nuo		-			
County: * State: Province:				-	CA: Ualifornia	1	
" Country:				1	USA: UNITED STAT	res	
" Zip / Postal Cod	de: 94901-2298						
e. Organization	al Unit:						
Department Nam	e:			Div	ision Namo:		
Business				Ļ	······································		
	ntact information of pe	rson to	be contacted on ma	tters	involving this applic	cation:	
Prefix: Middle Name:	Elliotc		* First Name		Susan		
Suffix:							*
Title: Directo	r, Rosqarch & Spo	nsorce	i Programs				
Organizational Af	filiation:	Fornia					
* Telephone Num		- VIIII	**************************************		Fay Number	415-257-0162	
	.elliott@dominica	n.edu	1 11 81 8		. La realizati		
						11 1 2 1 24 44 15 10 N 1	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
O: Private Institution of Higher Education	
Typo of Applicant 2: Select Applicant Type:	 -
]
Type of Applicant 3: Select Applicant Type:	_
* Other (specify):	
* 10. Name of Federal Agency:	
Environmental Protection Agency	
11. Catalog of Federal Domestic Assistance Number:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
66.808	
CFDA Titio:	
Solid Waste Management Assistance Grants	
* 12. Funding Opportunity Number:	
EPA-R9-WST7-09-002	
* Title:	
Solid Waste Assistance Crants	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Calliornia, all states	
* 15. Descriptive Title of Applicant's Project:	
EFC9 proposes to launch a Sustainable Entrepreneur Program that will be a series of lunchtime	
webinars, e-case studies and affordable live support offered to small businesses, etc.	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

4

Application for Federal Assistance SF-424	Version 02
8. Congressional Districts Of:	
a. Applicant CA-06 CA-06	
Attach an additional list of Program/Project Congressional Districts if needed.	
Add Attachment Delete Altachment View Attachment	
7. Proposed Project:	
a. Start Date: 10/01/2009 * b. End Date: 09/30/2010	
18. Estimated Funding (\$):	
a. Federal 58,580.00	
b. Applicant 0.00	
c. State 0 . 00	
d. Local 0.00	
o. Other 0.00	
f. Program Income 0.00	
g. TOTAL 58,580.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? X a. This application was made available to the State under the Executive Order 12372 Process for review on 02/13/2009 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.	
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes X No Fixplanation	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) X ** I AGREE The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
uthorized Representative:	
efix: Susan	
iddle Name:	
ast Name: £11iott	
ıffix:	
*Title: Dir. Research and Sponsored Programs	
Telephone Number: 415-257-1308 Fax Number: 415-257-0162	
Temail: ausan.elliott@dominican.edu	
Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.	

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